



137 Saint Paul Street  
Westfield NJ 07090  
(908)232-3310  
Paul@NazzaroMusic.com  
www.NazzaroMusic.com

# Questionnaire

Your comments and evaluation are very important to us as we begin each year of piano study. We appreciate your insight as you complete this form.

date updated Wednesday, March 11, 2020

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parents' Names (First and Last) \_\_\_\_\_

## Scheduling

**Your Availability For Lessons and Makeups**

*Keep in mind sibling and work schedules.*

***THIS AREA CAN NOT BE LEFT BLANK.***

***PLEASE BE FLEXIBLE AND USE DETAILED TIMES.***

\_\_\_\_\_ Phone Numbers:

Home: \_\_\_\_\_

Father Work: \_\_\_\_\_

Father Cell phone: \_\_\_\_\_

Mother Work: \_\_\_\_\_

Mother Cell phone: \_\_\_\_\_

Student Cell Phone: (Gr. 8-12) \_\_\_\_\_

\_\_\_\_\_ List Emails for Updates and Correspondence

(Usually about once a month)

Email (Mother): \_\_\_\_\_

Email (Father): \_\_\_\_\_

Email (Student): \_\_\_\_\_

\_\_\_\_\_ Street Address

Town \_\_\_\_\_ Zip code \_\_\_\_\_

Date of birth \_\_\_\_\_

Current Age \_\_\_\_\_

Grade for Fall 2026-2027 \_\_\_\_\_

School Attending 2026-2027 \_\_\_\_\_

**Person to Contact In Case of Emergency (after parents)**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

	Mon	Tues	Wed	Thurs
<b>List Time Ranges Available</b> (3:00-9:30pm)	From: To:	From: To:	From: To:	From: To:
<b>Other Activities &amp; Times</b> (i.e. Sports, scouts, religious)				

**Does the student participate in a TRAVELING sport?**

**Please circle: Yes No**

**If so, which sport? \_\_\_\_\_**

**Name the Months committed to the Sport: \_\_\_\_\_**

**REMEMBER WE CAN NOT CHANGE DAY/TIME MID-YEAR WHEN YOU FIND OUT SPORTS SCHEDULES!**

**Teacher, Day, Time, and Lesson Length Preferences (PLEASE CIRCLE)**

Paul Nazzaro (Mon Tues Wed Thurs) 2:00-9:30 PM  
Mark Raimondi (Mon Tues Wed Thurs) 2:00-9:30 PM

Availability: Mon Tues Wed Thurs

Lessons are 45 minutes in length

Preferred Day & Time: \_\_\_\_\_

**How Did You Hear Of the Studio? (CIRCLE ALL THAT APPLY)**

Internet (Google etc) list referring website: \_\_\_\_\_

Front Yard Sign      FaceBook      YouTube

Google Search      Friend (please name): \_\_\_\_\_

Instagram      Other: \_\_\_\_\_

I have read, understand, and agree to both sides of the Admissions Agreement, have read and agree to the Studio Policies as listed on the Admissions Agreement, and have a copy of the Yearly Lesson Schedule & the Weekly Practice Schedule, and have filled out IN FULL the Introductory Questionnaire or Annual Information Update.

PARENT or ADULT STUDENT'S SIGNATURE: \_\_\_\_\_

DATE OF SIGNATURE: \_\_\_\_\_

**PRINT** PARENT or ADULT STUDENT'S NAME: \_\_\_\_\_

**SECTION A: Family Musical Background**

What instruments are played in the family? By whom?

What music study have the parents had?

What contact with classical music does the family have?  
(attending concerts, heard at church, listening to recordings or radio, etc.)

\_\_\_\_\_

**SECTION B: Student Musical Experience**

Instrument: \_\_\_\_\_ Years of study: \_\_\_\_\_  
Teacher Name: \_\_\_\_\_

Instrument: \_\_\_\_\_ Years of study: \_\_\_\_\_  
Teacher Name: \_\_\_\_\_

\_\_\_\_\_

**SECTION C: Are there other points which you feel might be helpful for us to know as we begin lessons?**

Visual/Eye Problems (e.g. glasses, contacts, etc.):

General Physical Wellness and Development:

Hearing:

Allergies:

Right-Handed? Left-Handed? (Circle one)

Favorite school activities/subjects?

\_\_\_\_\_

**SECTION D: Please comment on your child's progress in school. You might mention:**

*(e.g. excellent, good, fair, poor, etc.)*

Reading ability:

Physical Coordination:

Concentration Span:

Social Adjustment (Working in a group):

Other:

\_\_\_\_\_

**SECTION E:**

**Are there any learning disabilities?**

Yes No

Please list: \_\_\_\_\_

**Are there any physical disabilities?**

Yes No

Please list: \_\_\_\_\_

**SECTION F: Piano and/or Keyboard Information**

**Piano:**

Brand (e.g. Steinway):

Kind (e.g. spinet, full upright, baby grand)

Year Made (estimate if needed):

Condition:

**Last date Tuned (Estimate):**

**Keyboard/Digital Piano:**

Brand (e.g. Yamaha):

Model (e.g. PSR-530)

Kind (e.g. keyboard, synthesizer, digital piano)

Year Made (estimate if needed):

Condition:

Number of keys:(61, 72, 88?)

Do you have a bench to sit on? (Circle one) YES NO

List accessories you have (e.g. bench to sit on, keyboard stand to put keyboard on, sustain pedal, headphones, etc.):

\_\_\_\_\_

**SECTION G: Transfer Students:**

Why did you stop lessons with previous teacher?

What would you like to accomplish at this studio?

**Approximate Level: (Please circle one)**

Absolute Beginner Beginner  
Intermediate Advanced College Trained

**Examples of Recent Pieces Played:**

\_\_\_\_\_

**ASK YOUR CHILD TO HONESTLY ANSWER THIS QUESTION**

***"The reason I am starting/continuing piano lessons is because...."***