



2012-2013 ACADEMIC YEAR

APPLICATION PROCEDURE:

1. FILL OUT AND MAIL / SUBMIT ONLINE THE GSM REGISTRATION FORM AT mmgorin@aol.com
2. SUBMIT TUITION PAYMENT BY CHECK (MAKE CHECK PAYABLE TO THE GORIN SCHOOL OF MUSIC)
PLEASE SEND THE APPLICATION MATERIALS TO: 2290 W El Camino Real, Suite #6, Mountain View, CA 94044

Student Interview

STUDENT'S NAME: _____ PARENT/S NAME: _____

TEACHER NAME: _____ INSTRUMENT: _____

(If a transfer student)

It is very important to us to provide you with the best possible experience at The Gorin School of Music. Please answer the following questions to help us serve you better.

How much time do you or your child anticipate will be devoted to practice? Per day _____ Per week _____

Which type of music do you or your child prefer? What kind of music do you or your child have an interest in learning?

How do you or your child feel about performing?

What is your or your child's goals and inspiration for music?

What kind of instrument do you or your child have?

If you are a parent of potential GSM student, how much involvement are you as a parent willing to have in practice and lessons?

What type of personality do you work well with? What type of personality do you not work well with?

As part of our job, we may need to offer constructive criticism to help you or your child become a better student of music. If you or your child sensitive to criticism, – please tell us know so we can optimize the music learning experience.



STUDENT INFORMATION FORM 2012-2013 ACADEMIC SCHOOL YEAR

Please answer all following questions to help us serve you better.

DATE: _____

STUDENT'S NAME: _____

Instrument: _____ Years of study (if any): _____

PARENT/S NAME/S:

MOTHER: _____

E-MAIL: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ OTHER PHONE: _____

ADDRESS: _____

FATHER: _____

E-MAIL: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ OTHER PHONE: _____

ADDRESS (if different) _____

STUDENT'S BIRTHDAY: _____ START DATE: _____

TEACHER'S NAME: _____ INSTRUMENT: _____

NOTES (IF ANY): _____

Office use only: Teacher's Name: _____ Instrument: _____

Start date: _____ Lessons per week: _____ Confirmation: _____

Tuition & Registration fees: _____



STUDENT INTERVIEW

2012-2013 ACADEMIC SCHOOL YEAR

HOW STRICT WOULD YOU LIKE YOUR TEACHER TO BE ON A SCALE OF 1-10?

Easy Medium Strict
1 2 3 4 5 6 7 8 9 10

HOW FLEXIBLE ARE YOU WITH A PUNCTUALITY OF YOUR LESSON TIME?

Flexible somewhat flexible inflexible
1 2 3 4 5 6 7 8 9 10

IMPORTANCE FOR YOU/YOUR CHILD'S INSTRUCTOR TO BE FRIENDLY

Not important Very important
1 2 3 4 5 6 7 8 9 10

IMPORTANCE FOR YOU/YOUR CHILD'S TO HAVE FUN AT THE LESSONS

Not important Very important
1 2 3 4 5 6 7 8 9 10

YOUR/YOUR CHILD'S PARTICIPATION IN RECITALS & EVALUATIONS (if ready)

Not important Very important
1 2 3 4 5 6 7 8 9 10

THE SPEED OF YOU/YOUR CHILD'D OVER ALL PROGRESS

Not important Very important
1 2 3 4 5 6 7 8 9 10

IMPORTANCE OF YOUR/YOUR CHILD'S PRACTICE

Not important Very important
1 2 3 4 5 6 7 8 9 10

NOTES: _____ DATE: _____

STUDENT'S/PARENT SIGNATURE: _____ TEACHER'S SIGNATURE: _____

Registration is complete upon: 1. Receiving the GSM Registration Form; 2. Telephone call from Rufina Gorin to discuss schedule and oral presentation of the bill; 3. Receiving the Tuition payment; 4. Telephone call from Rufina Gorin announcing the schedule, first day of lessons, Teacher's contact information.