

University of Louisville  
School of Music  
Suzuki String Program  
Application

Instrument of Study (circle one): Violin          Viola          Cello          Bass

Date of Application \_\_\_\_\_

Student's Name \_\_\_\_\_

Student's Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/s Name/s \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Numbers \_\_\_\_\_

E-mail Address \_\_\_\_\_

Student's Level: Pre-School \_\_\_\_\_ Kindergarten \_\_\_\_\_ Grade in School \_\_\_\_\_

Name of School \_\_\_\_\_

Other Student Musical Activities, Previous or Current \_\_\_\_\_

Parent/s' Musical Background (not required or a pre-requisite). This helps us to use the parent/teacher/student triangle as effectively as possible.

How did you hear about our program? \_\_\_\_\_

It is understood that upon acceptance in the UofL Suzuki String Program, we are committed to a minimum of one year of study using Suzuki's "Mother Tongue Method". I will arrange an instrument for my child, and have the ability to play the recordings at home. I agree to be a part of the parent/teacher/student triangle and practice with my child and see that they listen to the recordings. I will purchase and read "Nurtured by Love" by Dr. Suzuki. I agree to involve myself and my child fully in this program.

Signed \_\_\_\_\_  
Mr.

\_\_\_\_\_

Mrs.

(This is not the registration form.)