



Student Information Form

Please fill out the following form. * indicates a required field.

Singers Name*: _____

Primary Phone*: _____ Secondary Phone: _____

Primary Email*: _____ Secondary Email: _____

Singer's Phone: _____ Singer's Email: _____

Address*: _____

City*: _____ State*: _____ Zip*: _____

Parent/Guardian 1 Name*: _____

Occupation/Employer: _____ Cell Phone: _____

Parent/Guardian 2 Name: _____

Occupation/Employer: _____ Cell Phone: _____

Singer's Birthdate: _____ Singer's Grade: _____

Singer's School: _____ District: _____

Please check all that apply. This field is optional and information is used for statistical grant-writing use only.

- Appalachian African American Asian/Pacific Islander Caucasian/White
 Latino/Hispanic Native American Disabled

Please list any instruments your child plays, how long they've played and any formal vocal instruction your child has received.

How did you find out about LSCC: _____