



John Stolfe
Owner/Teaching Artist
Stolfe's Portside Percussion Studio

Student Information

Student First Name: _____ Student Last Name: _____

Parent(s)/Guardian(s) Name: _____

Street Address: _____ City/State: _____

Zip Code: _____ Home Phone: _____

Parent/Student Work Phone: _____

Parent/Student Cell Phone: _____

Parent/Student Email Address: _____

If student is in school band program please complete the following:

School Name/City/State: _____

Director's Name: _____

Grade: _____ Instrument: _____

Years playing in band program and/or drums & percussion: _____

Please list all ensembles student has/currently participates in (please include all school/non-school groups):

Please list below any music honors received: