The Cleveland Institute of Music
Sato Center for Suzuki Studies
Placement Card

Date called:_____ I have read the information on the Sato Website _____yes _____no

Desire to begin: _____Fall _____Spring _____Summer 20_____ Teacher Requested:_____

Student Name: _____ _____Male _____Female Birth date: ___/___/____

_____Preschool _____Elementary _____Middle School _____High School School Name: _____

Father's Name: _____ Cell Phone: (____) ____-_____

Mother's Name: _____ Cell Phone: (____) ____-_____

Address: _____ City: _____ State: _____

Zip: _____ Email Address: _____ Home Phone: (____) ____-_____

Instrument Desired: _____Violin _____Viola _____Cello _____Bass _____Piano

Check all times you are available for lessons: _____4 – 8pm _____Saturdays Other times available: _____

All Students:

Other family members studying in the Sato Center: _____yes _____no

If yes, list name(s)/instrument(s): _____

New Students Only:

How did you hear about the Sato Center? _____

Transfer Students Only:

Years of study: _____ Teacher/Program: _____

Current Literature (be complete): _____

Reason for transfer: _____

Saturday Observation Record (offered Fall & Spring Semester Only)

Date of Observation	Time of Observation	Teacher	Instrument	Observed Teacher Signature