

**Orchestra Questionnaire – Ms. Johnson**

Please **NEATLY** fill out all of the below information and return to Ms. Johnson. Thank you.

Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Contact email address for YOU \_\_\_\_\_  
Allergies \_\_\_\_\_

Instrument \_\_\_\_\_ Years Played \_\_\_\_\_  
Are you a Pathways Student? \_\_\_\_\_ Teacher \_\_\_\_\_

Is there a class period you CANNOT miss? \_\_\_\_\_

Are there any pieces you are interested in playing or time periods/genres? \_\_\_\_\_  
\_\_\_\_\_

Are you interested in NYSSMA? \_\_\_\_\_

Are you interested in All City? \_\_\_\_\_

Are you interested in performing in a recital? \_\_\_\_\_

Are you interested in attending an RPO concert? \_\_\_\_\_

Is there any other important information I need to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_