

2003 – 2004 Student Registration Form

STUDENT INFORMATION (Only one applicant per form. Please photocopy as needed.)

New Student Continuing Student Former Student

Last Name _____ First Name _____ Middle _____

Street _____ City _____ NC Zip _____

Home Phone _____ Date of Birth ___/___/___ Sex ___ Email address _____

Ethnicity _____ School _____ Grade _____
(for grant purposes)

Special Needs & Medications _____

If you are a new student, please indicate any previous musical training. _____

With whom did you study? _____ For how long? _____

For students under the age of 18:

Head of household's Name (First & Last) _____

Employer _____ Work phone _____ Cell _____

Spouse's Name (First & Last) _____

Employer _____ Work phone _____ Cell _____

Billing Information (Complete if person paying bill is someone other than Head of Household.)

Name (First & Last) _____ Phone _____

Street _____ City _____ NC Zip _____

Scheduling Preference

(If you are a new student, please call the school office to discuss available openings before returning this form.)

Private Lessons:

Instrument	Instructor	Day	Time	Length
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Classes and/or Ensembles:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I was referred to MAEC by: _____

I/We grant the school permission to make still photos, video, or sound recordings to use for marketing and/or communication purposes. I have read the rules & policies of MAEC as stated in the student handbook or online (www.geocities.com/musicacademyec) and agree to abide by them.

Signature: _____ Date _____

For office use only: Date Received _____ Paid Registration by: Cash Check # _____ Visa/MC
Start Date _____ #weeks to be billed _____ Withdrawal Date _____
Amount Due \$ _____ Registration Fee & Tuition