

Amount Paid _____ Ck # _____

Cash ___ Date _____



Inner Banks Music Academy, Inc.

Registration Form, 2020-21

Student Name _____ Age _____ Birthday _____

Grade in School _____ School Name _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Parent e-mail(s) _____

Home phone _____

Parent cell phone _____

Parent work phone _____

Student cell phone (optional) _____

Emergency name/number (if parent can't be reached) _____

Medical information we should know and food allergies: _____

Classes registered for: Class Name _____ Day _____ Time _____

Class Name _____ Day _____ Time _____

Private students: Do you wish to be placed on the Swap List? ___yes ___no

Please sign here if you have read and agree to follow the 2020-21 Inner Banks Music Academy's policies and you give permission for your child to participate in lessons for which the child is enrolled, recitals and other related activities.

_____ Date _____

Please sign here if you give permission for photos of your student to be posted on the Academy website, Facebook, newspaper, etc.

_____ Date _____