



Music Academy of Eastern Carolina
252-353-MAEC

811 S. Evans Street
Greenville, NC 27834

2013– 2014 Student Registration Form

STUDENT INFORMATION (Only one applicant per form.)

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) (13-14)

Special Needs & Medications _____

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

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

Billing Information *(If person paying bill is someone other than above.)* College students, please list permanent address.

Name (First & Last) _____ Phone _____

Street _____ City _____ NC Zip _____

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

Employer _____ Work Phone _____ Cell _____

Spouse's Name (First & Last) _____

Employer _____ Work Phone _____ Cell _____

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

Private Lessons:

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

Classes and/or Ensembles:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How did you hear about MAEC? _____

I/We grant the Music Academy of Eastern Carolina permission to make still photos, video or sound recordings to use for marketing and/or communication purposes. I have read the policies of MAEC and agree to abide by them.

Signature _____ Date _____

For office use: Date Received _____ Paid Registration Fee by: Cash Visa MC Check # _____
Start Date _____ # weeks to be billed _____ Withdrawal Date _____

Amount Due \$ _____ Registration Fee & Tuition _____ Computer _____