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## MUSIC academy - Student Registration

### Student Information - Please complete in entirety

Student Name		Date of Birth	Gender (circle one) <b>M      F</b>	
Father's Name		Mother's Name		
Address		City	State	Zip
Home Phone	Work Phone		Cell Phone	
E-mail (required)	Emergency Contact Name		Emergency Contact Phone	

### Billing Information - Same as above

Name			
Address	City	State	Zip
E-mail (required)	Telephone:		

### School/Experience

Current School/Teacher	Music Organization Involvement (Band, Choir, etc.)
Currently Play Instrument (include years of instruction)	Church Affiliation
Any Other Previous Training	How did you learn of we ACADEMIES of Art MUSIC academy?

### Lessons

Instrument	Instructor	Day	Time	Price
<b>TOTAL COST</b>				

### Parent Agreement

As the parent/guardian for the above student, I (we) accept the responsibility for the attendance at each lesson. I (we) have read, and agree to adhere to, all student policies and procedures.

Signature(s)	Date
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For Office Use Only	
First Lesson:	Prorated: