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**International
Music
Academy**

Registration Form

First name:		Age:	
Last name:		<input type="checkbox"/> M <input type="checkbox"/> F	
Date of birth (D/M/Y):			
Home address (street):			
City:		Postal code:	
Home phone:		Province:	
Cell phone:			
E-mail:			
Lesson duration: <input type="checkbox"/> 30 min <input type="checkbox"/> 45 min <input type="checkbox"/> 60 min			
IF THE STUDENT IS UNDER THE AGE OF 18			
Mother's name:			
Mother's work phone:			
Mother's cell phone:			
Father's name:			
Father's work phone:			
Father's cell phone:			
E-mail:			
School:			
Grade:		Music teacher:	

For office use
Aptitude test: _____

ID: _____