

**HUNTINGDON ACADEMY OF MUSIC
REGISTRATION FORM**

[] Instrument: _____ [] Voice: _____
Instructional Term: [] Fall [] Spring [] Summer Year: _____
Teacher Assignment/Request: _____
[] Registration Fee Paid ____/____/200__

Student Information

Last Name: _____ First Name: _____
Student email: _____
Birth-date: _____ Age at application time: _____
School Attending: _____ Grade: _____

Parent/ Caregiver Information

Last Name: _____ First Name: _____
Last Name: _____ First Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Parent Cell Phone: _____
Parent email: _____

Additional Information:

Former Teacher(s): _____
Time spent in individual study: _____ yr. _____ mo.
Other instruments studied: _____
Audition/competition experience: _____

[] I have read the policies pertaining to my child's registration into Huntingdon Academy of Music.

Mailing Information:

**Huntingdon Academy of Music
Huntingdon College
1500 E. Fairview Ave.
Montgomery AL 36106
334.833.4555
Email: rcunningham@huntingdon.edu**