

# BaYS STUDENT INFORMATION/REGISTRATION

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**Student Name:** \_\_\_\_\_ **Grade (2016-17):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Student Email:** \_\_\_\_\_

**Parent(s) Email:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**School Teacher's Name/Email:** \_\_\_\_\_

**Private Teacher's Name/Email:** \_\_\_\_\_

**Parent Cell #:** \_\_\_\_\_

**Emergency Contacts (other than parent):**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

**Allergies/Medical issues we should be aware of:**

\_\_\_\_\_  
\_\_\_\_\_

**Are you enrolled in your school's Instrumental Music Program? If "No", please explain.**

\_\_\_\_\_  
\_\_\_\_\_

**May we have permission to use images of your child for publicity purposes?** \_\_\_\_ Yes \_\_\_\_ No