



**STUDENT AFFILIATE THEORY
Registration Form**

Teacher Name _____ Phone _____

Teacher Email _____ Testing Period _____ Year _____

Number of Entries _____ x \$7.00 = _____ (payable to Waco Music Teachers Association)

	STUDENT NAME (alphabetized by grade)		*SCHOOL GRADE	TEST GRADE	COMMENTS
	LAST	FIRST			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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25					
26					
27					
28					
29					
30					

*** Use this column only if the student is testing 1 grade level below school grade.**

Students taking below grade level should be listed with students of their test grade, not their school grade.