



NSA Student Pre-Registration INFORMATION FORM

Collect your students' information needed to enter them in NSA

STUDENT'S FULL NAME

STUDENT'S DATE OF BIRTH

STUDENT'S EMAIL

The address at which you will receive all NSA information, invitations, and instructions must be unique to each student. This cannot be your voice teacher's email address.

STUDENT'S CELL#

Include the area code. This cannot be your voice teacher's phone number.

STUDENT'S PERMANENT MAILING ADDRESS

Street, City, State, Zip

STUDENT'S VOICE TYPE

FORMER VOICE TEACHER'S FULL NAME

If you were taught lessons by this teacher in the previous 8 months

FORMER VOICE TEACHER'S EMAIL

ANY CONCURRENT VOICE TEACHER'S FULL NAME

CONCURRENT VOICE TEACHER'S EMAIL

LEVEL OF VOICE STUDY

For Children, Youth, and High School Students: CURRENT GRADE IN SCHOOL

For Post High School Students: YEAR OF POST HIGH SCHOOL VOICE STUDY IN PROGRESS

COLLABORATIVE PIANIST(S)

CL PIANIST'S FULL NAME

CELL#

EMAIL

MT PIANIST'S FULL NAME

CELL#

EMAIL

CM PIANIST'S FULL NAME

CELL#

EMAIL

HJ SPIRITUALS PIANIST'S FULL NAME

CELL#

EMAIL

ONLY STUDENTS who are minors also complete the next 2 lines:

PARENT or Legal Guardian's FULL NAME

PARENT or Legal Guardian's CELL#

FOR VOICE TEACHER USE ONLY

ADD Category(s) of Entry for this student: