

FWMTA Student Affiliate THEORY TEST REGISTRATION

Send List and Check to: JUNE LEONDAR, 200 Holly Ridge Lane, Fort Worth, Tx. 76108-9072

FALL TEST

Date _____

FALL TEST

Teacher _____ Phone _____

Address _____ City/Zip _____

E-Mail _____

I would give ear training tests in the following grade levels: Grades 1-2-3 _____,
 Grades 4-5-6 _____, Grades 7-8-9 _____, Grades 10-11-12 _____

I prefer to monitor or be an assistant in a test room. _____

I certify that *Student Affiliate* dues have been paid for all students listed below. _____

List below those students you are enrolling for State Grading. (Please Initial)

PLEASE LIST STUDENTS ALPHABETICALLY BY GRADE – **PLEASE TYPE**

Mark all students taking test more than one grade level below school grade in RED

Name of Student	School Grade	Test Grade
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____
9 _____	_____	_____
10 _____	_____	_____
11 _____	_____	_____
12 _____	_____	_____
13 _____	_____	_____
14 _____	_____	_____
15 _____	_____	_____
16 _____	_____	_____
17 _____	_____	_____
18 _____	_____	_____
19 _____	_____	_____
20 _____	_____	_____

Total Number taking test for State Grading _____ x Fee \$10.00 = _____

Total Fees enclosed \$ _____

FWMTA Student Affiliate THEORY TEST REGISTRATION

Send List and Check to: JUNE LEONDAR, 200 Holly Ridge Lane, Fort Worth, TX 76108-9072

SPRING TEST

Date _____

SPRING TEST

Teacher _____ Phone _____

Address _____ City/Zip _____

E-Mail _____

I would give ear training tests in the following grade levels: Grades 1-2-3 _____,
 Grades 4-5-6 _____, Grades 7-8-9 _____, Grades 10-11-12 _____

I prefer to monitor or be an assistant in a test room. _____

I certify that *Student Affiliate* dues have been paid for all students listed below. _____

List below those students you are enrolling for State Grading. (Please initial)

PLEASE LIST STUDENTS ALPHABETICALLY BY GRADE : **PLEASE TYPE**

Mark all students taking the test more than one grade level below school grade in RED

List Students re-taking the test on the back of this sheet.

Name of Student	School Grade	Test Grade
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____
9 _____	_____	_____
10 _____	_____	_____
11 _____	_____	_____
12 _____	_____	_____
13 _____	_____	_____
14 _____	_____	_____
15 _____	_____	_____
16 _____	_____	_____
17 _____	_____	_____
18 _____	_____	_____
19 _____	_____	_____
20 _____	_____	_____

Total Number taking test for State Grading _____ x Fee \$10.00 = _____

(Include students listed on the back) Total Fees enclosed \$ _____