

APPLICATION & ENROLLMENT

Fine Arts School of Central Florida

Please fill out one form per student. Additional form is attached.

Today's Date _____

Student's Name _____ Adult Child

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Date of Birth _____ Occupation _____

E-mail _____

Church Affiliation _____

For Students under the age of 18, please complete the following:

Student's School _____ Grade as of 9/2012 _____

Father/Guardian _____

Employer _____ Occupation _____

Phone(s) home: _____ work: _____ cell: _____

Mother/Guardian _____

Employer _____ Occupation _____

Phone(s) home: _____ work: _____ cell: _____

Instruction Selections

Lessons: Piano Guitar Drums

Teacher Preference _____

Campus: Lakeland Winter Haven

Classes (please list classes from insert):

For private lessons a first time Registration Fee of \$20 must accompany this form or online registration.

Returning students Registration Fee is \$10



fascf

I have read and understand the policies regarding tuition payment and

Signature