

LAMusArt

REGISTRATION APPLICATION

STUDENT INFORMATION			
LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH
SCHOOL ATTENDING	CLASS REQUESTED	TEACHER PREFERENCE	HOME PHONE
ADDRESS		APARTMENT/SUITE	
CITY	STATE	ZIP CODE	
EMAIL ADDRESS			

ADDITIONAL STUDENT INFORMATION			
LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH
SCHOOL ATTENDING	CLASS REQUESTED	TEACHER PREFERENCE	HOME PHONE

PARENT/LEGAL GUARDIAN INFORMATION			
FATHER'S LAST NAME	FIRST NAME	M.I.	DAYTIME PHONE
PLACE OF EMPLOYMENT	OCCUPATION	EVENING PHONE	
ADDRESS (IF DIFFERENT FROM ABOVE)		APARTMENT/SUITE	
CITY	STATE	ZIP CODE	
EMAIL ADDRESS			

MOTHER'S LAST NAME	FIRST NAME	M.I.	DAYTIME PHONE
PLACE OF EMPLOYMENT	OCCUPATION	EVENING PHONE	
ADDRESS (IF DIFFERENT FROM ABOVE)		APARTMENT/SUITE	
CITY	STATE	ZIP CODE	
EMAIL ADDRESS			

GRANT REPORTING INFORMATION			
How did you hear about LAMusArt ? (Check all that Apply)		<input type="checkbox"/> Web	<input type="checkbox"/> Facebook
		<input type="checkbox"/> Email	Personal Reference: _____
Ethnicity : <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Other			
Does your family qualify for free lunch program at school? Yes No NA			

Please read and sign acknowledgement on reverse side.

FOR OFFICE USE ONLY				
CLASS SCHEDULED	DAY	INSTRUCTOR		
CLASS SCHEDULED	DAY	INSTRUCTOR		
CLASS SCHEDULED	DAY	INSTRUCTOR		
PROCESSED BY	DATA ENTRY	SCHEDULED BY	QB ENTRY	INSTRUCTOR INFORMED
DATE	DATE	DATE	DATE	DATE

Acknowledgement

I have received a copy of the Los Angeles Music and Art School Student Handbook, and I agree to abide by all School Rules and Policies as set forth in the Student Handbook.

I understand that monthly tuition is due and payable in full each month prior to the first lesson of the month. **A late fee of \$25.00 will be charged for current balances not paid by the 5th business day of the month.** Balances not paid in full by the last day of the month will result in the termination of lessons. Unpaid balances over two months old will be referred to a collection agency and the debt will be recorded on the responsible party's credit report.

If a student is unable to attend due to illness or other reason, the school must be notified in advance of the class session. Any student with two (2) consecutive absences (when the front office is not notified in advance) will be removed from the class schedule.

No refunds or credit are issued for student absences, whether due to illness, vacation or other reasons. If a class is cancelled due to Instructor absence or other reason, a credit will be issued to the student's account for the value of the lesson. No refunds will be issued.

When instruction must be discontinued, it is the responsibility of the parent to notify the front office. **A Withdrawal Request Form must be completed and submitted to the office at least one week in advance.** Refunds will be given only in certain circumstances as detailed in the Student Handbook.

I have read, understand, and agree to the above acknowledgement.

Parent/ Legal Guardian Signature

Date

Printed Name of Parent/Legal Guardian