

## Los Angeles Music and Art School Audio Recording Essentials 101 Application

Student Information				
Last Name	First Name	M.I.	Date of Birth <small>m m / d d / y y y y</small>	
Address	Apt/ Suite	City		State      Zip Code
School Attending	Email Address		Home Phone -      -	
Is the student currently registered at LAMusart? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity (optional)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
List all allergies or medical conditions of student:				
List any medications that need to be taken during the day and times to administer:				

Additional Student Information				
Last Name	First Name	M.I.	Date of Birth <small>m m / d d / y y y y</small>	
Address	Apt/ Suite	City		State      Zip Code
School Attending	Date student returns to School		Home Phone -      -	
Is the student currently registered at LAMusart? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity (optional)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
List all allergies or medical conditions of student:				
List any medications that need to be taken during the day and times to administer:				

For additional students, please include their information on the reserve side.

Parent/ Legal Guardian Information ( If under 18)				
Father's Last Name	First Name	M.I.	Daytime Phone -      -	
Place of Employment	Occupation		Evening Phone -      -	
Address (if different from above)	Apt/ Suite	City		State      Zip Code
Mother's Last Name	First Name	M.I.	Daytime Phone -      -	
Place of Employment	Occupation		Evening Phone -      -	
Address (if different from above)	Apt/ Suite	City		State      Zip Code
Father's Email Address		Mother's Email Address		
If divorced/ separated, who holds primary custody?				

Emergency Information		
Emergency Contact (Other than Parent)	Phone Number	Alternative Phone
Emergency Contact (Other than Parent)	Phone Number	Alternative Phone

Other Adults Who Are Authorized to Pick Up Students		
Name	Relationship	Phone
Name	Relationship	Phone

Additional Student Information				
Last Name	First Name	M.I.	Date of Birth m m / d d / y y y y	
Address	Apt/ Suite	City		State Zip Code
School Attending	Email Address		Home Phone	
Is the student currently registered at LAMusart? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ethnicity (optional)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
List all allergies or medical conditions of student:				
List any medications that need to be taken during the day and times to administer:				

**How did you hear about LAMusArt? (Please check all that apply.)**

- I am a current LAMusart student
- Newspaper Ad
- Referral from friends
- School/ Social Organization Event  
Please specify: \_\_\_\_\_
- Other: \_\_\_\_\_

Acknowledgement	
I have received a copy of the Audio Recording Essentials 101 Fact Sheet and agree to abide by all registration, payment and disciplinary policies as stated therein.	
I understand that the School may take photographs and video of myself or my student and utilize them in promotional materials. In case of emergency, I authorize any licensed physician, nurse or hospital to render medical care as deemed necessary by the School to guarantee the immediate care and safety of myself or my student.	
Signature: _____	Date: _____

FOR OFFICE USE ONLY: Payment Information	
Check one of the following:	
_____ Number of Students	
Payment Options (check those that apply and calculate):	
<input type="checkbox"/> Tuition at \$850 per student	\$ _____
<input type="checkbox"/> Less Financial Assistance Award (Approved: _____)	\$ _____
<b>Total Cost</b>	<b>\$ _____</b>
<input type="checkbox"/> Full Payment at Time of Registration	\$ _____
OR	
<input type="checkbox"/> Plan 1	\$ _____
Calculated By: _____	Date: _____