

Teacher:

Lesson Length:



If your address or phone numbers have changed, please let me know. Thanks!

Student:

Payment method: credit (+3% fee) or check

Payment preference (Monthly* or In Full):

CC number and expiration date:

We do want to encourage you to read through our policies on line as we have had a few changes for the upcoming semester. Some of our policies are on the back of this form for your convenience. Thank you for your support! Please fax this to the office at 972-820-5280 or mail to the address below.

I, _____, wish for _____
(Guardian's name) (Student)

to attend the School of Fine Arts during the fall semester **beginning January 9, 2012**. I understand that by signing this form I am agreeing to abide by the policies and procedures of the School of Fine Arts.

(Guardian's signature) (Date)

* Monthly Payments are due on the 15th of the month. For further information, please refer to our website.