

Please read Policies, Procedures and Registration Information before filling out this form.

Griffin School for the Arts
Student Registration Form

Date _____

Name _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Sex _____ Phone Home _____ Cell _____ E-Mail _____

Parent/Guardian Name (if under 18) _____

Parent Address (if different than child's) _____

Parent Phone Home # _____ Cell _____ E-Mail _____

Emergency Contact(name & phone #) _____

I / My child may be photographed for promotional materials for GSA _____ Yes _____ No

I have read all of GSA Policies and Procedures and agree to adhere to them.

Signature _____ Date _____

Are you a member of First Baptist Church of Griffin? yes _____ no _____ If not, would you like more information about FBC? _____ How did you hear about Griffin School for the Arts? _____

_____ If you have other family members attending GSA this semester, please list their names _____

Office Use Only

Private Music Instruction

Instrument _____ Instructor Preference** _____ Day _____ Time _____

Lesson length _____ Semester _____ No. weeks _____ Tuition _____

Group Music • Visual Art • Drama

Class _____ Instructor preference** _____ Day _____ Time _____

Start Date _____ Semester _____ Tuition _____

**Every effort will be made to place you with your instructor of choice keeping in mind that days, times and class size may be limited. Please see Course Descriptions and Instructor Biographies.

Payment Information

Full Semester Payment

Tuition \$ _____

Less Discount* \$ _____

Total \$ _____

Registration \$ _____

Amount Due \$ _____

Split Semester Payment

Tuition \$ _____

Less Discount* \$ _____

Sub-Total \$ _____

5% surcharge \$ _____

Total \$ _____

Registration Fee \$ _____

*Explanation of discount given _____

1st payment _____

2nd Payment _____

(50% total, Registration Fee)

A copy of this form will act as your receipt.