

STUDENT REGISTRATION

Semester: _____ Year: _____

SAINT ANNE SCHOOL @ SOL-LA

Student LAST NAME:		Student FIRST Name and Middle Name(s):	
Student Date of Birth	Student AGE	GRADE	Student School
Home Address		City, State	Zip Code

1. Parent/Guardian Name	2. Parent/Guardian Name
Home Phone & Cellular	Home Phone & Cellular
Email	Email
Employer Name & Address	Employer Name & Address
Primary: Occupation, Expertise, Interests	Secondary: Occupation, Expertise, Interests

GROUP CLASS SELECTION:

Start Date	SOL-LA Group Class Name	Day & Time	Number of Classes	GROUP CLASS SEMESTER TUITION. SOL-LA/SAS Music Student
				\$
				\$
				\$
SEMESTER TUITION for Saint Anne School music students: \$100 per Group Class				\$
<u>Annual Registration per student</u> (discounted for SOL-LA/SAS music students): \$50.00				\$
TOTAL Fees and Tuition Due:				\$

Students participating in the SOL-LA Satellite Music Program at Saint Anne School (SOL-LA@SAS campus) are eligible to enroll in SOL-LA Group Classes, designated by the SOL-LA Director, in the subjects of Music Theory, Chorus, and Large Ensembles.

Enrollment is subject to teacher assessment, class size considerations, and a **commitment by student families to attend all classes**. Student families must enroll in person at SOL-LA, prior to attending classes.

SOL-LA Tuition Policy: SOL-LA Group Class Tuition and Annual Fees are due in full at Registration, and are non-refundable.

I have read, understand, and agree to the terms, conditions and duties stated in the **SOL-LA Music Academy Policies** at www.sollamusicacademy.org.

I agree and promise to make payments in accordance with fees and tuition for the lessons and classes selected. I understand SOL-LA Music Academy's cancellation and refund policies. In the event that I default in this contract, I agree to pay to SOL-LA Music Academy all reasonable and necessary costs of collection incurred to collect monies for services provided by SOL-LA Music Academy, including but not limited to: costs of any collection agent or agency; costs of Court; reasonable and necessary attorney's fees; prejudgment interest at the maximum rate allowed by law.

I understand and agree to these terms and confirm that the information provided is true and complete.

Print Name of Parent/ Guardian

SIGNATURE of Parent or Guardian

Date

SOL-LA Music Academy does not discriminate on the basis of race, color, nationality, gender, sexual orientation, ethnic origin, or religious belief in its admission, retention, student aid, scholarship, or other educational policies.

Payment: CHECK payable to **SOL-LA Music Academy**, check no. _____, CASH payable in person, PayPal Amount \$ _____