



APPLICATION & ENROLLMENT

Fine Arts School of Central Florida

Please fill out one form per student.

Today's Date _____

Student's Name _____ ☐ Adult ☐ Child

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Date of Birth _____ Occupation _____

E-mail _____

Church Affiliation _____

For Students under the age of 18, please complete the following:

Student's School _____ Grade as of 9/2017 _____

Father/Guardian _____

Employer _____ Occupation _____

Phone(s) home: _____ work: _____ cell: _____

Mother/Guardian _____

Employer _____ Occupation _____

Phone(s) home: _____ work: _____ cell: _____

E-mail _____

Instruction Selections

Lessons: ☐ Piano ☐ Guitar ☐ Drums ☐ Brass ☐ Voice

Teacher Preference _____

Classes (please list classes from insert):
