

Rollins

Community School of Music

SPRING REGISTRATION FORM

Student Full Name _____

Male Female Returning Student New Student

(If applicable) **School** _____ **Grade** _____ **Birthdate** _____

Parent / Guardian Name(s) _____

(Rollins Faculty/Staff Includes 10% Discount **R#** _____ **Dept.** _____)

Email Address _____

Primary Phone Number _____ Mobile Home Other

Secondary Phone Number _____ Mobile Home Other

Street Address _____

City, State, Zip Code _____

Instrument Piano Violin Viola Voice Guitar Oboe Flute Trumpet

30min - \$380 45min - \$560 60min - \$660 **Teacher** (Assigned / Current) _____

Lesson Fee covers 14 Weekly Lessons and include only ONE makeup lesson!

No makeup lesson or credit is given for any unexcused or missed lessons unless notice is given at least 24 hours in advance.

Additional Student Full Name _____

Male Female Returning Student New Student

(If applicable) **School** _____ **Grade** _____ **Birthdate** _____

Instrument Piano Violin Viola Voice Guitar Oboe Flute Trumpet

30min - \$380 45min - \$560 60min - \$660 **Teacher** (Assigned / Current) _____

Additional Student Full Name _____

Male Female Returning Student New Student

(If applicable) **School** _____ **Grade** _____ **Birthdate** _____

Instrument Piano Violin Viola Voice Guitar Oboe Flute Trumpet

30min - \$380 45min - \$560 60min - \$660 **Teacher** (Assigned / Current) _____

➔ ➔ ➔ CONTINUED ON BACK ➔ ➔ ➔

Tuition Fee(s) \$ _____

Registration Fee* \$10 _____

TOTAL \$ _____

* Registration Fee must be paid EACH TERM.

Attach Payment of CHECK or MONEY ORDER made payable to Rollins College Community School of Music to this Form.

Payment must be submitted with this form. Credit cards NOT accepted.

Check / Money Order # _____

Completed forms WITH payment can be left in the secure Community School Lock Box outside of Room 151 in the Keen Music Building or mailed to:

**Rollins College Community School of Music
1000 Holt Ave – 2731
Winter Park, FL 32789**

Parking passes must always be displayed and will be distributed by your instructor at the first lesson.

Please complete the below table to share any availability for lessons. In the boxes under each day, please indicate *specific times* that would work best for you. We will do our best to work with these times!

Name <i>Example</i> _____	MON	TUE	WED	THUR	FRI	SAT
MORNING						8-11AM
AFTERNOON				3-5 PM		
EVENING	6-7 PM					

Name _____

	MON	TUE	WED	THUR	FRI	SAT
MORNING						
AFTERNOON						
EVENING						

Name _____

	MON	TUE	WED	THUR	FRI	SAT
MORNING						
AFTERNOON						
EVENING						

Name _____

	MON	TUE	WED	THUR	FRI	SAT
MORNING						
AFTERNOON						
EVENING						