

**REGISTRATION
FALL 2008
New Students**



SAMFORD UNIVERSITY

PREPARATORY MUSIC DEPARTMENT

For Office Use Only:
Date Received _____
Reg Fee Paid _____
Tuition Amt Paid _____
Check Number _____
Teacher _____

I. PERSONAL INFORMATION

Student's Name _____ Male/Female _____ Age _____
Birthday _____ Grade _____ School _____
Father's Name _____ Mother's Name _____

Address _____
(Street) (City) (State) (Zip Code)

Home Phone _____ Pager and/or Cell Phone (Mom) _____ (Dad) _____

Business Phone (Mom) _____ (Dad) _____

Email address _____ Fax Number _____

If statements should be sent to an address different from the one above, please complete the following:

Name _____ Relationship to Student _____

Address _____
(Street) (City) (State) (Zip Code)

II. COURSE SELECTION

Area of Instruction: Piano _____ Voice _____ Preschool Piano _____ Merry Music Makers _____

Musicianship Class: Yes _____ No _____ (Days and times of classes to be announced)

Private Lesson: 15 min _____ 30 min _____ 45 min _____ 60 min _____

Important* Please indicate 1st, 2nd, and 3rd choices for weekday and time of Private Lesson:

1. _____ 2. _____ 3. _____

If you are a new student, please complete the following:

Have you had previous instruction? **Yes/No** If yes, please specify instrument, class, teacher, years of study, and current repertoire: _____

III. BUSINESS AGREEMENT

I am committing (Student's Name) _____ for the full semester's study, and I agree to pay the entire semester's tuition (see "Fee Schedule" on website for amount) and understand that **refunds will not be given** even if lessons are discontinued by the student before the semester's end except in extreme circumstances such as death or moving out of state. Payment for previous lessons missed will not be refunded. If a teacher must miss a lesson, that lesson will be rescheduled at a mutually convenient time. I will pay in the following manner: 3 equal payments _____ payment in full _____

This form is to be accompanied by a **\$40 annual registration fee and one-third of the semester's tuition** which will not be refunded after June 1. The **second payment must be made by October 1** or the student will not be allowed to continue lessons or perform in recitals. The **third and final payment is due and payable on November 1**. Account payments not completed by November 1 will be charged a \$50 late fee and the student will not be allowed to continue lessons or to perform in recitals.

Signed _____ **Date** _____
(Party Responsible for Payment)

Make checks payable to Samford University. Return to: Preparatory Music Department, School of the Arts, Samford University, Birmingham, AL 35229. Fax number 205-726-4020. (www.samford.edu/schools/music/prep)