

**Jackson School of the Arts
Student Registration Form**

Date _____

For office use
___A ___QB ___I

STUDENT REGISTRATION			
NAME (FIRST AND LAST NAME)		AGE	DOB
		GENDER MALE FEMALE	
CLASS NAME	DAY	TIME	MONTHLY FEE
CLASS NAME	DAY	TIME	MONTHLY FEE
2 nd CHILD			
NAME (FIRST AND LAST NAME)		AGE	DOB
		GENDER MALE FEMALE	
CLASS NAME	DAY	TIME	MONTHLY FEE
CLASS NAME	DAY	TIME	MONTHLY FEE
MEDICAL OR BEHAVIORAL CONCERNS? ___ Yes ___ No (Please write on the back of this form)			
ADULTS/PARENTS		HOME PHONE	CELL PHONE
ADDRESS	CITY	ZIP	WORK PHONE
Do you live in the city of Jackson? ___ yes ___ no			
HOW DID YOU HEAR ABOUT US? ___ friend ___ newspaper ___ radio ___ flyer in school ___ flyer around town ___ internet search ___ other _____ Have you used the Jackson School of the Arts website? ___ Yes ___ No			
E-MAIL ADDRESS:			
EMERGENCY INFORMATION			
NAME		RELATIONSHIP	PHONE NUMBER(S)
AUTHORIZED INDIVIDUALS TO PICK UP STUDENT (other than above)			
NAME		RELATIONSHIP	PHONE NUMBER(S)
NAME		RELATIONSHIP	PHONE NUMBER(S)
PAYMENT			
___ CASH ___ CHECK ___ CREDIT CARD VISA/MC		___ I understand that I will be responsible for payment in full, even	
\$ _____ PAID AT REGISTRATION		for missed classes. _____ (Parent initial here)	
Information must be supplied in order to use the sliding fee scale. (all 4 boxes for those using fee scale)		This info. is collected to meet requirements for funding and will be kept confidential. (race and single parent only- for those not using sliding fee scale)	
YEARLY HOUSEHOLD INCOME	NUMBER LIVING IN HOUSEHOLD	RACE/ETHNIC BACKGROUND	ARE YOU A SINGLE PARENT? ___ YES ___ NO
PHOTO RELEASE: I give permission for the Jackson School of the Arts to use images of my child(ren) in online and print publications including newspapers.			
Signature of parent or guardian X _____			