



Please complete a separate **Registration Form** for each student. Please print clearly. An incomplete or illegible form causes delays in processing.

STUDENT INFORMATION

Applying for : Fall Spring Summer 20_____ Instrument 1 _____ Instrument 2 (opt.) _____

Student (last name) _____ (first) _____ M F Age _____ DOB _____ Grade _____

Street Address _____ City _____ State _____ Zip _____ Parent Primary email address _____

Parent 1 _____ Primary Phone for SSA use: _____ Other Phone _____ Home Work

Parent 2 _____ Cell Phone _____ Other Phone (optional) _____ Home Work

School _____ Church _____

We heard of SSA through: Friend/family School SBTS website Seminary String Camp Homeschool network Ad Church Other

PRIVATE LESSON REQUEST

A standard semester length is 15 weeks of lessons in Fall and Spring. Students enrolling after the semester commences will be charged for the remaining weeks on a prorated scale. Lesson sharing is not permitted in any form. Teacher requests will be honored on a first-come, first-serve basis. If no teacher is requested, the Director of the Seminary School of the Arts will arrange placement in a studio on your behalf.

Teacher Requested	No. of Lessons	Lesson Type	Lesson Length (minutes)	Day(s) & Time(s) Available 1 st choice	Day(s) & Time(s) Available 2 nd choice	Amount Due	
		<input type="checkbox"/> Standard <input type="checkbox"/> Suzuki <input type="checkbox"/> Master	<input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S Time(s):	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S Time(s):	\$	
		<input type="checkbox"/> Standard <input type="checkbox"/> Suzuki <input type="checkbox"/> Master	<input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S Time(s):	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S Time(s):	\$	
<i>Semester payment must be made in full before the first lesson.</i>						Tuition Due	\$
<i>Family, Multi-instrument, and senior tuition discounts are available. See SSA policies for details.</i>						Less Discount	(\$)
<i>After Early Registration has expired, a \$10 registration fee will apply.</i>						Registration Fee	\$
						TOTAL DUE	\$

(Please turn over and complete back of registration form)

PAYMENT INFORMATION

Payment must be submitted in full prior to the first lesson of each semester. The SSA Fee Worksheet is provided for your convenience. See SSA Policies for complete information regarding payment, tuition, and refund policies.

Payment can be made in the following forms:

- By mail, to Seminary School of the Arts, SBTS, 2825 Lexington Road, Louisville, KY, 40280 (checks only).
- In person, to Mrs. Aarica Myers in the Office of the School of Church Ministries, Cooke Hall or the office of the SSA Director (check, cash, or credit card).
- By phone, to the SSA Director at (502) 897-4810 (credit card only).

Check Number:	Date of Check:	Provider if other than parent:	Provider Cell Phone:	Amount Paid:
Please charge my credit card: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa				Amount Paid:

AGREEMENT

I have read the School of the Arts Policies and Information and agree to abide by them. I agree to accept responsibility for tuition and fees due. I do hereby release, discharge, and covenant to hold harmless the instructors and staff of the Seminary School of the Arts, The Southern Baptist Theological Seminary, its officers, trustees, employees, agents, advisors, administrators and their heirs and assigns from any and all liabilities, claims, demands, damages, costs, expenses, actions, and causes of action present or future on account of any injuries (including illness) to my person or property or that of my minor child, arising out of or in connection with our participation in School of the Arts activities or the use of the property and facilities of The Southern Baptist Theological Seminary. I agree that any injury or accident that occurs because of my or my child's violations of Seminary School of the Arts policies shall be solely the responsibility of the student or his or her parent(s) or guardian(s). I allow the SSA and The Southern Baptist Theological Seminary to use any photos, audiorecordings, and/or videorecordings of the above-registered student taken at a school-sponsored function for promotional or other purposes.

Signature of Parent (or adult student)

Date

OFFICE USE ONLY: Date Payment Received _____ Initials _____ Date Processed _____ Initials _____ Notes: _____



THE
SOUTHERN BAPTIST
THEOLOGICAL SEMINARY