

ST. JOHN SCHOOL OF THE ARTS

P.O. Box 180, St. John, VI 00831 340.779.4322 340.776.2578 fax
E-mail: info@stjohnschoolofthearts.org

Enrollment Application

Print clearly

Student's Full Name _____ Date of Birth _____ Age _____

Mailing Address _____ Physical Address _____

Home Phone _____ Work Phone _____ E-mail Address _____

Emergency Contact & Phone _____

Medical Conditions if any: _____

Person Responsible for Tuition Payment _____

(Please check) _____ Yes, I would like to help SJSA and be a volunteer.

If under 18 years of age: School Attending _____ Grade _____

Mother's Full Name _____ Work Phone _____ Occupation _____

Father's Full Name _____ Work Phone _____ Occupation _____

Authorization for Emergency Medical Treatment

The undersigned, being the parent or legal guardian of _____, hereby, place said minor in the custody of the St. John School of the Arts ("the School") solely for the purposes of authorizing emergency medical care for said minor while he/she is on the premises of the School for instructional purposes, and hereby voluntarily acknowledge and consent to a representative of the School exercising such authority as may be necessary to obtain emergency medical treatment for such minor in the event I/we cannot be contacted. The undersigned further waives and releases the School and its agents from all liability arising from exercising such authority in a medical emergency. Medication or food allergies? _____

Signature of Parent/Guardian _____ Date _____

_____ \$10 Returning Student Registration Fee

_____ \$25 New Student Registration Fee

List the class(es) you wish to be enrolled in:

Class Title	Day/Time Offered	Full Tuition Amount

Private Music Lessons

Instrument	Length of lesson	Day/Time Offered	Full Tuition Amount

TOTAL TUITION FOR CLASSES AND LESSONS \$ _____

Indicate Payment Option: _____ Annual _____ Semi-Annual _____ Monthly

Initial Payment
Registration fee \$ _____
Date Paid: _____
Tuition \$ _____
Date Paid: _____
_____ Check # _____
_____ Cash
_____ Credit card

Registration fee and tuition payment are due at time of registration. SJSA reserves the right to suspend any student due to lack of payment, poor attendance, or continued disruptive behavior. I have read, understood and agree to all policies and procedures provided in the SJSA Student Handbook. I further agree to the payment procedures, refund and absentee policy, and procedure for withdrawing from a class/lesson.

Signature _____

Student Photo Release

I hereby give permission to SJSA to use my or my child's name and photographic likeness in all forms and media for advertising, web site and any other lawful purposes. Any photos will become the sole property of SJSA and Lincoln Berry Photography. **Signature** _____