

CLASS REQUEST(S)

Class	Student's Name	DOB	Age	Cost per Month
				\$
				\$
				\$
				\$
				\$
<b>Highest Priced Class (full price no discount)</b>				\$
<b>Total cost of all other classes combined</b>				\$
<b>Subtotal</b>				\$ _____
<b>Multiple Class Discount (10% of value of all but highest prices class)</b>				-
<b>Total</b>				=
<b>Non refundable Registration Fee:</b>				+ \$35.00
<b>Total Due:</b>				\$

I understand that I am financially responsible for the above listed amount \$ \_\_\_\_\_, for a term of 12 months.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

Date of Application:	New Student	Returning Student	Referral Student
Registration Paid: \$	Elementary	Middle School	High School
Tuition Paid: \$			