

MARY JO'S

PERFORMING ARTS ACADEMY

Admittance Form

Please circle one: **New Student** **Trial Student**

NAME: _____ AGE: _____ DATE OF BIRTH: _____

CLASS SUBJECT: _____ DAY: _____ TIME: _____

PARENT NAME: _____

ADDRESS: _____

PRIMARY PHONE: _____ E-MAIL: _____

EMERGENCY CONTACT PHONE: _____
(OTHER THAN PRIMARY NUMBER)

Further, in consideration of my child's participation in this program, I, _____ parent of _____, intending to be legally bound, so hereby waive, release, and forever discharge any and all rights and claims for damages, including any claims for loss, damages, or injury to my child's person or property arising from the performance or failure of performance of Mary Jo's Performing Arts Academy and it's representatives, successors, and assigns.

GUARDIAN'S NAME: _____ DATE: _____

GUARDIAN'S SIGNATURE: _____

FOR OFFICE USE ONLY

STUDENT EVALUATION

COMMENTS: _____

*Faculty - Please write new student's name in the roll sheet.

FACULTY SIGNATURE: _____