

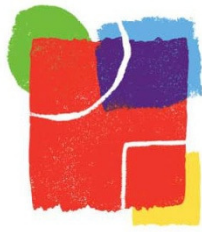
Community
School *of the* Arts

ENROLLMENT AND FINANCIAL AID PROCEDURES 2016-2017

Enclosed please find all registration and financial aid forms for the upcoming school year. Please note the following:

- **FRIDAY, AUGUST 26, 5:30 P.M. is ENROLLMENT DEADLINE.**
- An enrollment application must be completed for EACH student.
- Every family must complete ONE Financial Disclosure Form.
- Enrollment by phone is NOT accepted. We will, however, accept completed official forms via fax or email.
- You **MUST** circle at least **FOUR** options for private lessons times.
- All spots are highly competitive this year due to severe space constraints: **preference will be given to returning students who have solid records of consistent attendance and reliability.**
- Classes begin **MONDAY, SEPTEMBER 12.**

For further assistance, please call us at (865) 523-5684 and leave a voicemail, or email us at info@csaknox.org



Community School *of the* Arts

2016-2017 REGISTRATION FORM

Please fill out forms COMPLETELY and return:
Community School of the Arts
620 State Street
Knoxville, TN 37902
Fax: 865-546-2533
E-mail: info@csaknox.org

DEADLINE: FRIDAY, AUGUST 26, 5:30 P.M.

Student is a: ___New Student ___Returning Student

Student Name: _____

Address: _____ City/State: _____ Zip: _____

School: _____ Grade: _____ Age: _____ Birth date: ____/____/____
(month/day/year)

Is the student applying for financial aid? YES* / NO

*Financial Information Form must be completed and submitted with Registration Form.

Name of Parent(s)/Guardian(s): _____

Address (if different than student's): _____

Cell Phone(s): _____ E-mail: _____

Home Phone: _____ Work Phone(s): _____

Please list an additional contact person (e.g., relative and/or family friend) in case we cannot reach you:

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

List any allergies and/or medical conditions, including learning disabilities, for this student (REQUIRED):

**COMMUNITY SCHOOL OF THE ARTS
2016-2017 REGISTRATION FORM**

Please fill out forms COMPLETELY and return:
Community School of the Arts
620 State Street
Knoxville, TN 37902
E-mail: info@csaknox.org

DEADLINE: FRIDAY, AUGUST 26, 5:30 P.M.

Breakdown of Quarters

Fall: September 12 – December 16, 2016

Winter: January 9 – March 10, 2017

Spring: March 20 – May 17, 2017

Student Name: _____ Grade: _____

All lessons and classes are subject to availability. Consistent attendance is required throughout each quarter.

	Instructor	Days	Time	Quarter Circle ALL choice(s) Fall/ Winter/ Spring
<u>MUSIC CLASSES</u>				
<input type="checkbox"/> Percussion Arts Ensemble (Grades 6-12)	Nate Barrett	Mondays	4:30-6:00	F / W / S
<u>VISUAL ARTS CLASSES</u>				
<input type="checkbox"/> Intermediate Art I (Grades 6-8)	Jessie Steinberg	Mondays	4:30-6:00	F / W / S
<input type="checkbox"/> Intermediate Art II (Grades 9-12)	Jessie Steinberg	Wednesdays	4:30-6:00	F / W / S
<input type="checkbox"/> Master Class (Grades 10-12)	Ashton Ludden/ Jennifer Willard	Thursdays	5:30-7:30	F / W / S

PRIVATE MUSIC LESSONS

All lessons meet weekly, and are one half-hour in length unless otherwise arranged with the instructor.

		Quarter Circle ALL choice(s)
<input type="checkbox"/> GUITAR/ BASS / MANDOLIN	Instrument _____ Do you already have an instrument? YES / NO As provided by CSA? YES / NO	Fall / Winter / Spring
<input type="checkbox"/> PIANO	Do you already have a piano/keyboard? YES / NO As provided by CSA? YES / NO	Fall / Winter / Spring

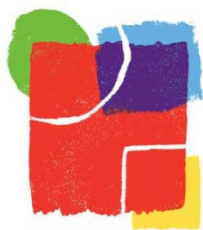
TRUMPET Do you already have a trumpet? YES / NO Fall / Winter / Spring
As provided by CSA? YES / NO

VIOLIN/ CELLO Instrument _____ Fall / Winter / Spring
Do you already have an instrument? YES / NO
As provided by CSA? YES / NO

IMPORTANT: Circle all half-hour segments during which the student will be available for lessons.

MON	2:00-2:30	TUES	2:00-2:30	WEDS	2:00-2:30	THURS	2:00-2:30	FRI	2:00-2:30
	2:30-3:00		2:30-3:00		2:30-3:00		2:30-3:00		2:30-3:00
	3:00-3:30		3:00-3:30		3:00-3:30		3:00-3:30		3:00-3:30
	3:30-4:00		3:30-4:00		3:30-4:00		3:30-4:00		3:30-4:00
	4:00-4:30		4:00-4:30		4:00-4:30		4:00-4:30		4:00-4:30
	4:30-5:00		4:30-5:00		4:30-5:00		4:30-5:00		4:30-5:00
	5:00-5:30		5:00-5:30		5:00-5:30		5:00-5:30		5:00-5:30
	5:30-6:00		5:30-6:00		5:30-6:00		5:30-6:00		5:30-6:00
	6:00-6:30		6:00-6:30		6:00-6:30		6:00-6:30		6:00-6:30
	6:30-7:00		6:30-7:00		6:30-7:00		6:30-7:00		6:30-7:00
	7:00-7:30		7:00-7:30		7:00-7:30		7:00-7:30		7:00-7:30
	7:30-8:00		7:30-8:00		7:30-8:00		7:30-8:00		7:30-8:00

FOR OFFICE USE ONLY



Community School of the Arts

2016-2017 FINANCIAL INFORMATION FORM ALL INFORMATION ON THIS FORM WILL BE KEPT CONFIDENTIAL

Please fill out **one form per family** and return to:
Community School of the Arts - 620 State Street Knoxville, TN 37902

Student Name(s): _____

(Please list all children in your family who will be enrolled)

Father's Name: _____

Mother's Name: _____

Father's Place of Employment: _____

Work Phone: _____

Mother's Place of Employment: _____

Work Phone: _____

Do you receive Social Security? Yes / No Amount: \$ _____

Do you receive Social Welfare? Yes / No Amount: \$ _____

Do you receive child support? Yes / No Amount: \$ _____

Do you receive alimony? Yes / No Amount: \$ _____

Are there other members of your household who work? Yes / No

List their names and where they work on the lines below (use back of this form if you need more spaces)

Name	Place of Employment	Work Phone

Name	Place of Employment	Work Phone

What is the TOTAL NET TAKE-HOME PAY (after taxes) of all who work in your household? \$ _____

How many people live on this income? Adults _____ Children _____

I, the undersigned, have answered all questions as accurately and completely as possible. I understand that failure to do so may result in withdrawal of my child's scholarship.

Signature of Parent or Legal Guardian

Date