

Registration & Enrollment

PARKVIEW Fine Arts Academy – Please print or type

Enrollment for (Please check one): Fall Semester Spring Semester Summer Year_____

One application per student, please.

Student’s Name _____ Birthdate _____ Male__ Female__

Address _____ City _____ State _____ Zip _____

Parent’s Name _____ Phone ~ Home _____ Work/Cell _____

Do you attend church? _____ If yes, which church? _____

Student’s school _____ Grade _____

Proposed study (instrument/class) _____ Number of years of study in this area _____

A \$50 non-refundable registration fee must accompany this form. Make checks payable to **Parkview Fine Arts Academy**.

Mail applications and all Academy correspondence to:

Parkview Baptist Church Fine Arts Academy, 11795 Jefferson Highway, Baton Rouge, LA 70816

Questions? Call 225-293-2820

I have read and agree to abide by the policies stated in the brochure.

_____ signature of student

_____ signature of parent (if applicable)

Official Use Only: Date rec’d. _____ Check No/Amt _____ Instructor _____ Lesson Time _____