FAIR LAWN SUMMER ENRICHMENT MUSIC PROGRAM REGISTRATION FORM - 2017

DIRECTIONS FOR ALL APPLICANTS: PLEASE READ CAREFULLY

1. **Please print all** of the information required below **clearly and in ink.**
2. Students **must** have their parent/guardian's signature on registration form at the time of registration or they will not be permitted to register.
3. At the time of registration, **students/parents must attach a check or money order that covers tuition.** All checks or money orders should be payable to: ***Fair Lawn Board of Education***.

STUDENTS WILL NOT BE PERMITTED TO REGISTER WITHOUT ALL OF THE NECESSARY INFORMATION AND SIGNATURES

STUDENT NAME _____ MALE _____FEMALE ____ AGE _____
LAST FIRST

STREET ADDRESS_____
STREET TOWN STATE ZIP

HOME TELEPHONE _____CELL PHONE _____

PARENT/GUARDIAN NAME_____ BUSINESS PHONE _____
FIRST AND LAST NAME

EMERGENCY CONTACT _____
PERSON'S NAME PHONE

Parent/Guardian Signature: _____

If there are any health problems, please circle: ALLERGIES; DIABETES, RESPIRATORY: DAILY MEDICATION, OTHER_____

_____. (Use separate sheet if necessary)
Please contact the Summer School Office as soon as the session begins to provide us with sufficient medical information to safeguard your child in case of emergency.

During the school year, I attended _____ Grade completed _____
NAME OF SCHOOL

School Address: _____
STREET TOWN STATE ZIP

Courses requested:	**Period requested:** (please see course info sheet)	**Instrument to be played in course:**
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please remember that advanced band and orchestra and intermediate band and orchestra are two-period classes. Please note that we make every attempt to schedule students for every course and period requested. However, course requests cannot be guaranteed. *Courses will not run if enrollment does not meet the minimum class size requirements.* Enrollment into a class is based on what period that course runs, number of students in the class, and the number of teachers available to teach each course. We will notify you by ***e-mail*** if we cannot fulfill your request. Thank you for your understanding.

E-Mail Address (please print clearly)_____

For office use only:
Date_____ Total Amount Paid_____ Check Number(s) _____Name on check: _____
(If different from enrolling student's name)