Please print and complete the two forms below. Return the completed forms to:

Augusta Ballet School
PO Box 3348
Augusta, GA
30914

Please note our registration fee is one month's tuition. Our current fee schedule is available online:

http://www.augustaballetschool/tuition.html

_____ , _____
Last Name First Name

REGISTRATION FORM

Choose One
Evans Augusta

PLEASE PRINT

Starting Date _____ Age _____

Birth Date _____ Telephone _____ Cell _____

Parent(s)'s Name(s) _____
(First and Last Names of Both, if Applicable)

Address _____
Street City State Zip

Father's/Your Business _____ Telephone _____
Name

Mother's/Spouse's Business _____ Telephone _____
Name

How did you hear about the Augusta Ballet School? _____

Name(s) of class(es) _____ Contract Monthly _____

Email Address _____

TUITION PAYMENT CONTRACT 2008-2009

This contract serves as a binding agreement between the Augusta Ballet School and _____ (Parent's Name or Your Name if you are an adult student) for the 2008-2009 season.

I do hereby agree to pay the monthly tuition of $_____on the first of every month. I understand that I may not change in any way the amount of the tuition owed for any given month regardless of the number of classes taken in that month. I understand that any failure to pay said tuition amount before the 5th of each month may result in my child not being admitted to his/her class or Nutcracker rehearsal. **If I find that my child is unable to continue classes for any reason, I understand that I must give 1 (one) month's notice in writing to the office and that I am responsible for the next month's tuition as well.**

_____
Student's Name

_____
Parent or Guardian

_____
Date