

## REGISTRATION FORM

Complete this form and return with \$25 nonrefundable registration fee. Checks should be made payable to  
*Bradfordville Academy of the Arts.*  
*Please mail or return to Bradfordville Academy of the Arts*  
*6494 Thomasville Road*  
*Tallahassee, Florida 32312*

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parents or Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Member of what church: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Classes you wish to take: \_\_\_ Art \_\_\_ Drama \_\_\_ Guitar

\_\_\_ Piano \_\_\_ Percussion \_\_\_ Violin \_\_\_ Voice

*Each student's level of experience will be evaluated by the instructor at the first class. How would you rate your level of experience?*

\_\_\_ Beginning \_\_\_ Intermediate \_\_\_ Advanced

Previous years of study: \_\_\_\_\_

Previous instructor: \_\_\_\_\_