

Southland Conservatory of Music

Enrollment and Tuition Form

Student Name: _____

Parent or Guardian: _____

Phone number: _____

Cell Number: _____

Work Number: _____

Address: _____

City _____

State _____ zip _____

(If paying by Credit or Debit card please use your billing address.)

☐ Raymore Studio

Type of lesson enrolling in: _____

Teacher: _____

Day: _____

Time: _____

☐ Coordinating with other lessons

Date of Enrollment _____

Payment method

☐ Secured by Master Card, Visa, Discover, or American Express Card, Debit or Credit

Name on card: _____

Card Number: _____

Expiration Date: _____

Your card will be billed on the first of every month.

☐ Quarterly payment of fees, October through December, January fees due no later than November 30th.

☐ Receipt was given to student.

☐ Month to Month basis with one month secured payment by cash or check to ensure cancellation policy. **Payments are due no later than the last day of each month for the following month, no exceptions. Please read the late payment policy on the policy form.**

If office help is not present, please leave your payment in the payment box. Please indicate on the envelope the student's name, and the teacher's name.

Please read and sign the form on the reverse side.