

Community school of the arts

STUDENT INFORMATION FORM

Return completed form to:
Community School of the Arts
Independent Day School-Corbett Campus
12015 Orange Grove Drive
Tampa, FL 33618

TRIMESTER 2 – NOVEMBER 19 – FEBRUARY 23

Name: _____ Age or Grade: _____

(Parent's name): _____

Parent's email: _____

Phone/Home: _____ Cell: _____ Work: _____

Street Address: _____

City/Zip: _____

Emergency contact: _____ Phone: _____

Doctor: _____ Phone: _____

Insurance: _____ Phone: _____

Current School: _____

Community school of the arts

TRIMESTER 2
November 19 – February 23

REGISTRATION FORM

| CLASS NAME | DAY | TIME | PRICE |
|---------------|-----|--------------|-----------|
| Private _____ | | | \$360.00 |
| Pair _____ | | | \$250.00 |
| Group _____ | | | \$150.00 |
| Group _____ | | | \$150.00 |
| | | | |
| | | | |
| | | TOTAL | \$ |

Payment by check:

Check number: _____

Please make checks payable to **Independent Day School**

Credit Card Payment

Number: _____

Expiration date: _____ Type of card: MasterCard Visa

Name on card: _____