

Belle Aire Academy

Belle Aire Baptist Church
1307 N. Rutherford Blvd.
Murfreesboro, TN 37130

REGISTRATION

Date ____/____/____ Semester _____
Student Name _____ Date of Birth ____/____/____
Address _____
City _____ State _____ Zip _____
Phone: Home _____ Work _____ Cell _____
Email _____
Church Affiliation _____

If student is living with parents or guardian, please complete:

Parent's Name(s) _____
Address _____
City _____ State _____ Zip _____
Mom Phone: Home _____ Work _____ Cell _____
Dad Phone: Home _____ Work _____ Cell _____
Email: Mom _____ Dad _____

Instruction: Instrumental _____ Voice Music Theory Class
Rank in order of preference: ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri Preferred Time _____

I have read and understand the policies regarding tuition payment and make up lessons.

Signed (parent or adult student) _____ Date _____

For Office Use Only

Instruction _____
Teacher _____
Lesson Day and Time _____ Room _____
Length of Lesson 30 minutes 45 minutes 1 hour

Payments

Registration Fee	_____	Paid	Date	____/____/____
Tuition	_____	Paid	Date	____/____/____
Tuition	_____	Paid	Date	____/____/____
Total	_____	Paid	Date	____/____/____