Singing School Application Form

(For All Applicants – One Family with the same address per Form)

#1 - Name _____
First Last

Address _____

City _____ State_____Zip_____

Phone (_____)_____ Sex (M / F) Age_____

Email:_____ D.O.B._____

Anyone under 18 years old attending without a parent, please name adult person responsible for you:_____

Are you enrolling as a student ? (Yes / No)

If yes, select one course below:

☐ Song Leading • ☐ Sight Singing • ☐ Women's Music

1st Time Student? (Yes / No) **# Years Completed** _____

Additional Persons in the Same Family

#2 - Name_____Age_____

Email:_____D.O.B._____

Circle Relationship to Name #1:

Wife? / Husband? / Son? / Daughter? / Father? / Mother? / Other?

Are you enrolling as a student ? (Yes / No)

If yes, select one course below:

☐ Song Leading • ☐ Sight Singing • ☐ Women's Music

1st Time Student? (Yes / No) **# Years Completed** _____

#3 - Name_____Age_____

Email:_____D.O.B._____

Circle Relationship to Name #1:

Wife? / Husband? / Son? / Daughter? / Father? / Mother? / Other?

Are you enrolling as a student ? (Yes / No)

If yes, select one course below:

☐ Song Leading • ☐ Sight Singing • ☐ Women's Music

1st Time Student? (Yes / No) **# Years Completed** _____

Calculation of Fees

Select your Choice(s)
(Prices are per person/per room.)

Room/Board: **Single or Double**

Rooming with:

Name _____	_____	☐ $440 or	$285 ☐
Name _____	_____	☐ $440 or	$285 ☐
Name _____	_____	☐ $440 or	$285 ☐
Name _____	_____	☐ $440 or	$285 ☐
Name _____	_____	☐ $440 or	$285 ☐
Name _____	_____	☐ $440 or	$285 ☐
Name _____	_____	☐ $440 or	$285 ☐

Own Floor

Children (10 yrs. and younger):		Mattress or	Bed
Name _____	_____	☐ $145 or	$250 ☐
Name _____	_____	☐ $145 or	$250 ☐
Name _____	_____	☐ $145 or	$250 ☐
Name _____	_____	☐ $145 or	$250 ☐
Name _____	_____	☐ $145 or	$250 ☐
Name _____	_____	☐ $145 or	$250 ☐
Name _____	_____	☐ $145 or	$250 ☐

Total People:_____ **Total Room/Board: $**_____0

Tuition ☐

1st Student	@	$ 195	$_____0
_____ Add'l. Students	@	$ 175	$_____0
_____ Women's Course	@	$ 100	$_____0

Total Tuition: $_____0

Total Room/Board: +$_____0

TOTAL OF ALL FEES DUE=$_____0

Please write your Check #: _____

Dormitory or Special Room Requests:

_____

(Requests will be accommodated to the best of our ability)

All fees must be paid by June 1.

Make checks payable to: **Singing School**

Mail this completed form and checks to:

Singing School, P O Box 333, Alief TX 77411

Or:

Email this Completed Form to:

SingingSchool@aol.com

For additional persons, please go to next page.

You may type your info into this form but it will NOT be saved. You must print the form BEFORE navigating away from this page.

#4 - Name_____Age_____

Email:_____D.O.B._____

Circle Relationship to Name #1:

Wife? / Husband? / Son? / Daughter? / Father? / Mother? / Other?

Are you enrolling as a student ? (Yes / No)

If yes, select one course below:

☐ Song Leading • ☐ Sight Singing • ☐ Women's Music

1st Time Student? (Yes / No) **# Years Completed** _____

#5 - Name_____Age_____

Email:_____D.O.B._____

Circle Relationship to Name #1:

Wife? / Husband? / Son? / Daughter? / Father? / Mother? / Other?

Are you enrolling as a student ? (Yes / No)

If yes, select one course below:

☐ Song Leading • ☐ Sight Singing • ☐ Women's Music

1st Time Student? (Yes / No) **# Years Completed** _____

#6 - Name_____Age_____

Email:_____D.O.B._____

Circle Relationship to Name #1:

Wife? / Husband? / Son? / Daughter? / Father? / Mother? / Other?

Are you enrolling as a student ? (Yes / No)

If yes, select one course below:

☐ Song Leading • ☐ Sight Singing • ☐ Women's Music

1st Time Student? (Yes / No) **# Years Completed** _____

For additional persons, please go to next page.

You may type your info into this form but it will NOT be saved. You must print the form BEFORE navigating away from this page.

#7 - Name_____Age_____

Email:_____D.O.B._____

Circle Relationship to Name #1:

Wife? / Husband? / Son? / Daughter? / Father? / Mother? / Other?

Are you enrolling as a student ? (Yes / No)

If yes, select one course below:

Song Leading • Sight Singing • Women's Music

1st Time Student? (Yes / No) **# Years Completed** _____

#8 - Name_____Age_____

Email:_____D.O.B._____

Circle Relationship to Name #1:

Wife? / Husband? / Son? / Daughter? / Father? / Mother? / Other?

Are you enrolling as a student ? (Yes / No)

If yes, select one course below:

Song Leading • Sight Singing • Women's Music

1st Time Student? (Yes / No) **# Years Completed** _____

#9 - Name_____Age_____

Email:_____D.O.B._____

Circle Relationship to Name #1:

Wife? / Husband? / Son? / Daughter? / Father? / Mother? / Other?

Are you enrolling as a student ? (Yes / No)

If yes, select one course below:

Song Leading • Sight Singing • Women's Music

1st Time Student? (Yes / No) **# Years Completed** _____

For additional persons, please go to next page.

You may type your info into this form but it will NOT be saved. You must print the form BEFORE navigating away from this page.

#10 - Name_____Age_____

Email:_____D.O.B._____

Circle Relationship to Name #1:

Wife? / Husband? / Son? / Daughter? / Father? / Mother? / Other?

Are you enrolling as a student ? (Yes / No)

If yes, select one course below:

☐ Song Leading • ☐ Sight Singing • ☐ Women's Music

1st Time Student? (Yes / No) **# Years Completed** _____

#11 - Name_____Age_____

Email:_____D.O.B._____

Circle Relationship to Name #1:

Wife? / Husband? / Son? / Daughter? / Father? / Mother? / Other?

Are you enrolling as a student ? (Yes / No)

If yes, select one course below:

☐ Song Leading • ☐ Sight Singing • ☐ Women's Music

1st Time Student? (Yes / No) **# Years Completed** _____

#12 - Name_____Age_____

Email:_____D.O.B._____

Circle Relationship to Name #1:

Wife? / Husband? / Son? / Daughter? / Father? / Mother? / Other?

Are you enrolling as a student ? (Yes / No)

If yes, select one course below:

☐ Song Leading • ☐ Sight Singing • ☐ Women's Music

1st Time Student? (Yes / No) **# Years Completed** _____