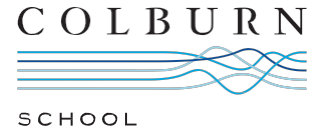


**Community School of Performing Arts
Registration Form**

cspa@colburnschool.edu

(213) 621-4548 | (213) 621-2110 fax



Year: _____ Fall Spring Summer New Student Continuing Student Male Female

Student Information

Last Name: _____ First Name: _____ Birthdate: _____
 Address: _____ City: _____ Zip: _____
 Home phone: (_____) Cell: (_____) Email: _____
 School currently attending: _____ Current grade level: _____ Home School Student
 If student is an adult, Employer: _____ Employer phone: (_____)
***EMAIL for Billing/Notices:** _____

Primary Contact Information

***Has information changed since last semester? YES NO**

Last Name: _____ First Name: _____ Mr. Mrs. Ms. Dr.
 Relationship (mother/father/etc.): _____ Cell: (_____)
 Email: _____
 Address (if different from above): _____ City: _____ State: _____ Zip: _____
 Primary contact employer: _____ Employer phone: (_____)
 Employer address: _____ City: _____ State: _____ Zip: _____

Secondary Contact Information

Last Name: _____ First Name: _____ Mr. Mrs. Ms. Dr.
 Relationship (mother/father/etc.): _____ Cell phone: (_____)
 Address (if different from above): _____ City: _____ State: _____ Zip: _____
 Email: _____
 Secondary contact employer: _____ Employer phone: (_____)
 Employer address: _____ City: _____ State: _____ Zip: _____

Course ID*	Course Title	Day	Time	#Min	#Wks	Instructor	Fee

* Course ID's are located in the Schedule Of Classes

OFFICE USE ONLY

Student ID# _____ Verification Initials: _____ Date: _____
 Notes: _____

Payment must accompany this form. We accept credit cards and checks made payable to COLBURN SCHOOL.
 If student is under age 18, parent or guardian must sign. By signing this form, I agree to abide by the School Policies as published on the Colburn School website at colburnschool.edu and acknowledge I have read the abbreviated text on page 2 of this form.

Signature: _____ **Date:** _____

Tuition Subtotal: _____
 FinAid/Merit: _____
 FinAid/Merit: _____
 Discount/Adjust: _____
 Payment Plan Fee: _____
Total Due: _____
 Amount Paid: _____
 Balance: _____
 # Payments Remaining: _____
 Monthly Payment Amount: _____

OFFICE USE ONLY

This is an abbreviated summary of our Registration and Academic Policies. For a complete listing of the Colburn School Policies, please refer to colburnschool.edu

Registration Procedure

The registration procedures at the Colburn School are designed to place students in appropriate courses through interviews, auditions, and other screening methods. These procedures help to minimize enrollment in inappropriate courses, and to minimize the need to drop lessons and classes. Registration must be completed during the Formal Registration period listed on the Academic Calendar to avoid a late fee. Any student who registers after the Formal Registration period will be subject to a \$25 late registration fee.

Drop/Withdraw Procedure

The parent/student must complete and submit the Drop Form either in person, via email or fax, prior to the first day of the semester. Once receipt is confirmed by the CSPA office, prior to the first day of the semester, the request to drop the class, ensemble, and/or private instruction will be reviewed by the Dean. Upon the Dean's approval, 100% of the tuition is refunded. Anytime during the first week of the semester, 75% of the tuition is refunded. After the first week through the second week, 50% of the tuition is refunded. After the second week through the third week, 25% of the tuition is refunded. After the third week, there are NO REFUNDS.

Informing an instructor of a decision to withdraw, stopping payment, or not attending class does not constitute a withdrawal. Exceptional requests for refunds due to a family or medical emergency may be made in writing to the Dean within 14 days of the missed class and must include appropriate documentation. There is no guarantee that a full refund will be approved due to a family or medical emergency.

Absence Policies

Students must notify faculty of anticipated absences as a courtesy to the faculty members; however, this does not exempt the student from payment as contracted. There will be no makeup lessons for student absences. If a teacher is absent from a scheduled lesson, a make-up lesson shall be scheduled at a mutually convenient time. If the student misses a make-up lesson, there will be no second make-up opportunity. In cases of sudden illness on the part of the teacher, the teacher and The School shall make every reasonable attempt to notify students.

Suspension

Delinquency in payment of tuition and fees may result in suspension of a student's enrollment. Suspended students shall not be allowed to attend classes, rehearsals, or lessons; instruction shall be resumed only upon full payment of any balance due and with approval of the Registrar. There will be no credit or make-up for any lessons or classes missed because of suspension.

Payments

Payment must accompany the registration form. Payment of tuition and fees is expected in full at the time of enrollment unless a payment plan is requested. Upon approval of a payment plan, all payments are due on or before the 15th of the month. All payment plan arrangements must be made directly with the Cashier's Office. Any payments received after the 15th will be automatically assessed a \$25 late fee. Subsequent late fees will be charged every month until payment is received.

All private instruction must take place on campus at the Colburn School at 200 South Grand Avenue, Los Angeles, CA



2018-2019 Payment Plan Agreement/Credit Card Authorization

Parent's Last Name _____ First Name _____ Phone _____

Student's Last Name _____ First Name _____

Please select one:

_____ (INITIALS) I agree to pay the full tuition amount of \$_____ in one payment. (If selected, proceed to signature section)

_____ (INITIALS) I hereby authorize The Colburn School to automatically charge the credit card listed below on a monthly basis, plus a one-time set-up fee. I agree to submit the first payment along with this Agreement. **Subsequent payments will be automatically charged to my credit card account on the 15th of each month in the amount indicated below.**

_____ (INITIALS) I am requesting a payment plan where I will be responsible to make my payments in-person, over the phone, by email/fax, or via an online payment through the student's monthly billing statement, each month until paid in full.

Start Date: 15th of _____ (Month) End Date: 15th of _____ (Month)

Total Tuition including one of the following fees, if applicable:
\$20 fee for single semester enrollment or \$40 fee for year-long enrollment: \$_____

Monthly Payment Amount: \$_____

Additional terms of Agreement:

- 1. If the credit card is declined when charged automatically or if payments are not made by the 15th of the month, a **late fee of \$25** will be assessed. Additional late fees will be assessed on the 15th of each month if payment remains delinquent.
- 2. This agreement will remain in effect until tuition is paid in full according to the schedule of payments above. The Colburn School has the right to terminate automatic payment service at any time with written notice. If you wish to cancel this agreement, please contact the AR Manager in writing at sbilling@colburnschool.edu within 5 business days of the proposed termination date.
- 3. It is the card holder's responsibility to notify The Colburn School of any changes to the credit card account such as expiration date, account number, etc.
- 4. Approval of any payment agreement is at the sole discretion of The Colburn School. Any outstanding balance due to The Colburn School must be paid in full prior to being granted a payment agreement.

I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company, so long as the transactions correspond to the terms indicated in this Agreement.

X

Authorization Signature _____ Print Name _____ Date _____

In order to protect your information, the Credit Card number below will be destroyed after the first charge and initial set up.

CC TYPE: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Cardholder Name: _____

Credit Card No: _____ Exp. Date: _____

Billing Address: _____