

EL PASO INDEPENDENT SCHOOL DISTRICT



FINE ARTS DEPARTMENT

Michael R. Phillips, Director

SUMMER BAND/ORCHESTRA PROGRAM

STUDENT ENROLLMENT FORM AND TUITION RECEIPT

NON – CREDIT

BAND _____		ORCHESTRA _____	
Campus Program _____			
Student's Name _____		Telephone _____	
(Last) (First) (M.I.)			
Grade Next School Year _____			
Parent/Guardian _____		Address _____	
In case of emergency, notify _____		Telephone _____	
(other than parent or guardian)			
Home School _____		Home School Teacher's Name _____	

FOR USE BY FINE ARTS TEACHER

Amount of Tuition Paid \$ _____ Summer Instrumental Rental Fee \$ _____

*(No refund after **THREE** class days)

*(Instrument Rental Agreement Form Attached)

Signature of Fine Arts Teacher _____ Date _____

