

EAST MARYVILLE
Allegro School of Fine Arts
Application Form

Enrollment for ____ Fall; ____ Spring

Student's Name: _____ Date: _____

Street Address: _____

City/State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

If student is 18 years old or younger, please fill out information in the box:

Parent(s) or Guardian(s) Name: _____

Phone number in case of an emergency _____

Area of instruction _____

Instructor (if preference) _____

How many years of instruction have you had in the area marked above? _____

All available times for instruction:

Please circle the day(s) and list the hour ranges you are available.

Monday _____

Tuesday _____

Thursday _____

East Maryville Baptist
Attn: Allegro School of Fine Arts
1150 Brown School Road
Maryville, TN 37804