IT'S YES! Performing Arts Institute Student Registration Form



Student/Parent/Guardian Information

Name (First, Middle, Last)			Name (First, Middle, Last)			
Residential Address			Apt #	City	Zip Code	
Home Phone		Cell Phone	Alter	Alternate Phone		
School Attending		Grade	Age	Age Birth Date (Month/Day/Year)		
Gender Race Category — Male White Hispanic Black or Afric — Female Asian American Indian/ Alaska Na — Other (please specify)				Both Pare	ents Legal Guardian nly Other lly	
Mother/Gu	uardian:					
Name (Fire	Name (First, Middle, Last)			yer		
Residential Address			Apt #	City	Zip Code	
Home Phone Cell Phone		Busin	ness Phone			
Primary E	mail Address					
Father/Gu	ardian:					
Name (First, Middle, Last)			Employ	yer		
Residential Address			Apt #	City	Zip Code	
Home Phone Cell Phone		Cell Phone	Business Phone			
Primary E	mail Address					
Name	Name Relationship		Contact Number		_ Pick up student? yesno	
Name			Contact Number		Pick up student? yes no	
Name	Name Relationship		Country of Marsach on		Pick up student? yes no	



I agree to comply with and be subject to the Performing Arts Institute rules and policies. IT's YES! Performing Arts Institute believes that a positive and constructive working relationship between IT'S YES and the students' parent and/ or guardian is essential to the fulfillment of its mission. Thus, IT'S YES reserves the right to discontinue enrollment or not re-enroll the student if it reasonably concludes that the actions of a parent and/or guardian makes such a positive and constructive relationship impossible or seriously interfere with IT'S YES accomplishment of its education purposes. The decision of IT'S YES in these regards shall be final.

My signature below affirms that I have read, understand, and agree with the parent's statement.

- I agree to support the standards of IT'S YES, its philosophy and policies including academic, behavioral, moral and disciplinary policies.
- I understand that this application cannot be considered without the signature of a parent/guardian.

Parent Name	Parent Signature	Date

Other Contacts

Parent/Guardian Information

Enrollment Date: Amount Received: Balance Due: Scholarship Applicant: Comments: Image: Comment Scholarship Applicant	TO BE COMPLETED BY PERSONNEL ONLY							
	Enrollment Date:		Amount Received:	Balance Due:				
Yes Amount Comments:	Scholarship Applicant:							
	Yes	Amount	Comments:					