



# Jackson Studio of Music

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*“Ready to satisfy your musical needs”*

## Entry Form

### Personal Information:

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone(\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_

Age (optional): \_\_\_\_\_ D.O.B. \_\_\_\_\_ (Students must be 5 yrs or older in order to enroll)

### Musical Background:

Are you presently a musician? Y \_\_\_ N \_\_\_ If yes, how long? \_\_\_\_\_

Please check all that apply: Play by ear \_\_\_ Read sheet music \_\_\_ vocalist \_\_\_

What instruments are you interested in studying? Piano \_\_\_ Organ \_\_\_  
Guitar \_\_\_ Drums \_\_\_ Vocal \_\_\_

Have you studied music in the past? Y\_\_\_\_ N\_\_\_\_ If yes, what was the name of your previous instructor and what did you accomplish as a student under that instructor? \_\_\_\_\_

### **Additional Information:**

Please give the name of your church: \_\_\_\_\_

Please give the name of your school, if applicable: \_\_\_\_\_

What do you hope to accomplish as a student at the Jackson Studio of Music?

How did you hear about the Jackson Studio of Music:

- Pastor
- Friend
- Advertisement
- Student
- Other \_\_\_\_\_

### **Policy and Procedure:**

I understand and agree that in order to enroll in the Jackson Studio of Music, I must complete an entry form.

**Scheduling:** Classes are scheduled as (1) thirty minute session per week, or (1) hour session per week, not to exceed (4) sessions per month. If the month has five weeks, then

classes are not scheduled during a 5<sup>th</sup> week. Classes are only scheduled the first 4 weeks of the month.

**Fees:** Enrollment fee is a non-refundable **\$25 fee**. The monthly tuition for classes is **\$70** per month for thirty minute sessions per week and **\$130** per month for (1) hour sessions per week. To cancel sessions and receive refunds, the office must be contacted prior to the 1<sup>st</sup> class. If student decides to cancel classes and office is notified *after* the 1<sup>st</sup> session, there will be NO refund! All fees are due at registration. A **\$5 late fee** will be required for ALL PAYMENTS received after the first session of each month.

**Cancellation:** A 24 hour notice is required for all cancellations. Make-up classes will not be scheduled for students who canceled classes without allowing for a 24 hour notice. Once a make-up class has been rescheduled, if that class is missed, it will not be eligible for another make-up.

By signing this enrollment form, you are stating that you agree with the policies and procedures stated on this form and that all information that you provided is true.

Applicant's  
Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Guardian's  
Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(if student is a minor)

***Do Not Write Below This Line***

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Class day: M\_\_T\_\_W\_\_Th\_\_F\_\_ Time: \_\_\_\_

30 Min \_\_\_\_ 60 min \_\_\_\_ Check all that apply: Piano \_\_ Organ \_\_ Vocal \_\_

Drum \_\_ Guitar \_\_ Method of Payment: Check \_\_ Cash \_\_ other \_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Instructor: BJS \_\_\_\_\_

DEJ \_\_\_\_\_