TENNESSEE CONSERVATORY of FINE ARTS LLC

Fountain City: *865-689-8525* *tcfa@comcast.net*
West Knoxville: *865-560-9392* *www.tcfinearts.com*

OFFICE USE ONLY			
Roster:		Rec. Folder:	
Computer:		Register:	
Memorized:		Constant Cont.	

Student Information

Student Name:		**Home Phone:**
Address:		
City:	**State:**	**Zip:**
Student Age:	**Date of Birth:**	
Mother:	**Father:**	
Work Phone:	**Work Phone:**	
Cell Phone:	**Cell Phone:**	
E-mail Address:		

Classes

Registration Fee:			**Date:**		**Discount:**			**Total Pd:**			**Pay Meth:**	
Class Title/Time	**Day**	**Tuition**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**
											Total sibling tuition:	

	Amount Due	**Amount Pd**		**Date Pd**	
Recital Fee:					

Health Issues:

Medications:

Summer **Spring** **Fall** _____ **FC** **West**
year