

Reston Institute for the Arts Class Registration

Student Name _____

Age _____ [] Male [] Female

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Phone (Home) _____ Phone (Work) _____

Email Address _____

Emergency Contact Name _____

Phone (Home) _____ Phone (Work) _____

Are there any disabilities instructor should be aware of? No Yes (circle one)

(If yes, please explain) _____

School _____

RIA Status [] Current [] Former [] New

Scholarship Student [] Yes [] No [] Full [] Partial

RIA Classes Enrolled:

1) _____ 2) _____

3) _____ 4) _____

To be filled out by RIA

Form of Payment:

[] Cash [] Check [] Money Order

[] Full Payment [] Installment Amt Paid \$ _____ Bal Due \$ _____

Signature of RIA Staff _____ Date _____

