



SHENANDOAH
CONSERVATORY
ARTS ACADEMY

SUMMER 2016
REGISTRATION FORM

Date: _____

Student Name Parent/Guardian Name Student ID# (office use)

Student Birth Date Gender Student Grade Level (as of next September)

Street Address City State Zip

Home/Alternate Phone Cell Phone Email

Additional Emergency Contact if different from parent/guardian

Name Relationship to Applicant Phone

*Shenandoah Conservatory Arts Academy may use student images for promotional purposes. To **OPT OUT**, please sign below.*

Signature of Parent or Guardian Date

CLASSES

Class Name Class Name Class Name

Class Date(s) Class Date(s) Class Date(s)

Class Tuition Class Tuition Class Tuition

TOTAL COST: \$ _____

SUBMIT FULL PAYMENT TO THE SCAA OFFICE

We accept the following payment types:

Cash, Check, MasterCard, Visa, Discover, and AMX

(Checks are payable to SCAA; credit card payments can be taken over the phone or in person)

SEND COMPLETED REGISTRATION TO:

SCAA Registration
203 S. Cameron Street | Winchester, VA 22601
Email: scaa@su.edu
Phone: 540-665-4602 • Fax: 540-665-4598



SHENANDOAHTM
UNIVERSITY
Shenandoah Conservatory