



Masters School of Art Longview

Christian Center for the Arts

Foundational Studies Program Student Application

Wednesday School

Student Name _____ Date of Birth _____

Parents Name: (applicable only for students under 21)

1 _____ 2 _____

Home Phone _____ Alternate Number _____

Parents Emails: _____

Student Email: _____

Address: _____

Registration for Term:

	Fall Term	Spring Term	Fall + Spring combined Full Year
Reg. Fee	\$35	\$35	\$60

In Case of Emergency:

1 _____ 2 _____

Phone: _____ Phone: _____

What hours will student be attending?
(circle all that applies)

1st period	2nd period	3rd period	4th period	5th period
9:00am - 9:55am	10:00am - 10:55am	12:00pm - 12:55pm	1:00pm - 1:55pm	2:00pm - 3:00pm

How did you hear about us? _____

\$35 Non-Refundable Application Fee or \$60 if registering for full year (Fall & Spring combined)
Make Checks Payable to: MSOA Longview

Send Payment & Application to: MSOA Longview

P.O. Box 2131

Longview, WA 98632

Please note: We reserve the right to use photographs of the student's artwork on the website, in the newsletter, advertisement materials or other uses.

_____ Please check if you do not wish your child's name to be released

_____ Please check if you do not want your child shown in photographs, film, or on our website

