

## APPLICATION FOR ADMISSION

### FOR OFFICE USE ONLY

Date Rec'd: \_\_\_\_\_

By: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

School: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

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

☐

New Student\*

☐

Returning Student

### STUDENT INFORMATION

(Please print or type clearly)

Student's Legal Last Name		Student's Legal First Name & Middle Name		Student's Preferred Name
				Date of Birth    Male <input type="checkbox"/> Female <input type="checkbox"/>
School		State	Zip Code	Grade Entering/Graduation Year
Home Address				Student's Email
City	State	Zip Code	Home Phone with Area Code	
Father's Full Name		Mother's Full Name		
Father's Email		Mother's Email		
Father's Phone with Area Code		Mother's Phone with Area Code		

### MAJOR & SCHOOLS APPLYING TO

(Please print or type clearly)

MAJOR \_\_\_\_\_

1 \_\_\_\_\_

6 \_\_\_\_\_

2 \_\_\_\_\_

7 \_\_\_\_\_

3 \_\_\_\_\_

8 \_\_\_\_\_

4 \_\_\_\_\_

9 \_\_\_\_\_

5 \_\_\_\_\_

10 \_\_\_\_\_



**MEMBERSHIP PAYMENT**

Submission of relevant, requested materials to the Contractor prior to the commencement of sessions is required. All sessions must be scheduled between \_\_\_\_\_ and \_\_\_\_\_. The fee of US \$\_\_\_\_\_ will be charged for the entirety of this package upon initiation of the contract.

**Appointments:** Client shall set meeting times and dates with the Contractor and provide requested materials to the Contractor at least one (1) week prior to the initial counseling session. Should an appointment need to be rescheduled, the Client must contact the Contractor forty-eight (48) hours prior to the scheduled session time in order to reschedule. "No show" appointments without notification will not be rescheduled nor refunded.

**Recourse:** Should the Client be dissatisfied with the counselor provided by the Contractor, the Client must inform the Contractor immediately so that the Contractor may be allowed to rectify the issue. The Contractor will consider all requests made by the Client in determining the best method for correction of the issue and will only proceed with a course of action agreed upon by the Client and the Contractor.

**Cancellation/ Termination:** The Contractor retains the right to terminate services rendered should there be three (3) missed sessions without notice. The Contractor retains the right to terminate without refund if Client fails to be an active participant in the counseling process. Either party may terminate this Agreement by giving written notice to the other party. In the event of termination, Client shall pay Contractor for all hours and expenses accrued up to the date of termination. In the unlikely event litigation is commenced between the parties of this Agreement, the party prevailing shall be entitled, in addition to other relief, to a reasonable sum for attorney's fees.

**I acknowledge that I have read and understand the 3LINE STUDIO Membership Payment.**

CLIENT NAME (PRINT): \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CONTRACTOR (PRINT): \_\_\_\_\_ DATE: \_\_\_\_\_

3LINE STUDIO – Art Portfolio Prep

SIGNATURE: \_\_\_\_\_



**PARENT AGREEMENT**

(Please initial each item after reading)

- \_\_\_\_ I understand that if I am accepted as a member of 3LINE Studio, I am making a sincere commitment to the full program and will abide by the guidelines set forth in the 3LS Handbook.
- \_\_\_\_ I understand, agree and acknowledge that I was fully informed of the NO REFUND policy if I change my mind or decide to discontinue attending the counseling and related activities.
- \_\_\_\_ The required non-refundable application fee is due with complete application form.
- \_\_\_\_ 3LINE Studio also reserves the right to suspend a student at any time if tuition payments become more than 30 days delinquent. The student may not participate in any events or extracurricular activities until payments are made current.
- \_\_\_\_ 3LINE Studio also reserves the right to dismiss a student or request parent(s)/guardian(s) to withdraw a student with unsatisfactory academic standing and/or unsatisfactory behavior in accordance with 3LINE Studio policies. No tuition or fees paid for the current year will be refunded.
- \_\_\_\_ When the student terminates or withdraws his or her enrollment for any reason, all unpaid tuition and charges become immediately due. For families that pay for two or more years of tuition, no portion of tuition or fees paid will be refunded when a student terminates or withdraws his or her enrollment for the current season. Remaining future season(s) of tuition will be refunded.
- \_\_\_\_ My obligation to pay tuition and fees for the full academic year is unconditional and no portion of tuition or fees paid or outstanding for current year will be refunded or canceled in the event of student's absence, withdrawal, or dismissal from 3LINE Studio.
- \_\_\_\_ I grant permission to 3Line Studio the right to use and copyright photographs of my child and his/her work of art without restriction for any purpose such as (but not limited to) promotion, advertising, and public relations. I hereby release and discharge 3Line Studio from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel.

This is to acknowledge that I have read and understand the Application for Admission of 3LINE Studio. I agree that my signature constitutes full acceptance of all PAYMENTS, RULES, REGULATIONS, AGREEMENTS, and POLICIES AS STATED OR REFERRED TO ON THE FRONT AND BACK OF THIS CONTRACT.

Applicant's Signature (required): \_\_\_\_\_

Parent's/Guardian's Signature (required): \_\_\_\_\_

Parent's/Guardian's Name (printed): \_\_\_\_\_

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



**LIABILITY WAIVER AND MEDICAL CONSENT FORM**

My child, \_\_\_\_\_, has my permission to participate in the regular curricular or seasonal activities with 3Line Studio for the Fall, Spring, Summer, and/or Winter of \_\_\_\_\_ - \_\_\_\_\_ School year. Activities may include (but are not limited to): Workshops and Field Trips. (Detailed schedule will be distributed at least a week before the events.)

Emergency Contact: \_\_\_\_\_ Phone: (       ) \_\_\_\_\_

Allergies (Medical, food, environment, etc.): \_\_\_\_\_

Special Notes regarding allergy: \_\_\_\_\_

Medical Conditions (Mental or Physical): \_\_\_\_\_

Special notes regarding medical conditions: \_\_\_\_\_

Will the above medical/allergy condition affect your child's performance during individual work or group activity?

No / Yes

If yes, please explain:

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- I hereby release 3Line Studio, its employees
- In case of emergency, I consent that the school associates seek medical assistance for my child as necessary, including emergency care and paramedics, should I be absent. I assume full financial responsibility for all medical expenses incurred.

Guardian's Name: \_\_\_\_\_ (Please Print)

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

