

**Music Opportunity Program  
String Academy Registration Form 2020-21  
Jefferson County Schools**

**Please Print**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Instrument \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Work phone \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Occupation/Position \_\_\_\_\_

Mother's e-mail address: \_\_\_\_\_ Mother's cell phone \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Occupation/Position \_\_\_\_\_

Father's e-mail address: \_\_\_\_\_ Father's cell phone \_\_\_\_\_

School (2020-21) \_\_\_\_\_ Grade (2020-21) \_\_\_\_\_

<b>Non-Refundable Semester Fees: Payable to MOP</b>	
<b>Instrument Rental</b>	<b>\$180 / School Year</b>
	<b>OR</b>
	<b>\$100 / Semester</b>
<b>TOTAL FEES ENCLOSED</b>	<b>\$ _____</b>

**Important! Registration is not complete without signature of responsible party.**

Billing Information:

Responsible party: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

I assume full responsibility for payment of this Music Opportunity Program account, and if default be made, or any part thereof, then, at the option of the Music Opportunity Program or its agent, the full amount owed shall at once become due and collectable, without notice. If in the judgment of the Music Opportunity Program it becomes necessary to engage the services of a collection agency or attorney to effect collection or to settle any dispute in connection with this account, the undersigned agrees to pay such collection agency or attorney fees, reasonable expenses, and costs as hereby incurred.

\_\_\_\_\_  
Signature of parent/guardian/responsible party Date

Will you need financial aid? Please call the MOP office, 205-329-1222, to request financial aid forms.

Throughout the year, we will be taking photographs of our MOP students. May we have your permission to use photos of your child for our website and print advertisement? The children will NOT be identified by name. Thank you!

Yes, you may use photos of my child, without identification. \_\_\_\_\_

No, you may not use photos of my child.

Parent Signature

**Return completed form with check payable to:  
MOP, P.O. Box 13553, Birmingham, AL 35202**