



Application Form September 12th-December 16th, 2011

The Academy will be closed on all Federal Holidays and the week of Thanksgiving. AAFAS follows the basic Alexandria City Public Schools schedule for bad weather closings and early dismissals.

Child's name:.....

Date of birth:.....

Special interests:.....

Current school:.....

Parent's name:

Address:.....

City:.....

State and zip:.....

Phone/ Email:.....

Allergies/ Special needs:.....

Emergency contacts:

Name.....Phone.....

Name.....Phone.....

Preferred day Preferred day.....

Preferred time Preferred time.....

Credit card information (Visa/MasterCard)------(expiration date)-----3 Digit Security Code-----

Medical Permission: (must be signed by the parent or guardian) I authorize the School, in an emergency when I cannot be contacted, to act on my behalf in regard to the health, safety, and wellbeing of the student. If deemed necessary, this shall include taking the student to the nearest emergency room or hospital. I further authorize the hospital and its medical staff to administer treatment as deemed necessary by them for the well being of the student. I agree to release and indemnify Alexandria Academy of Fine Arts and Science from any and all liability arising out of a good faith decision made by the School in this regard and agree that I am responsible for all medical costs.

Signature:.....Date.....

- tuition must accompany application
- checks made payable to AAFAS or by credit card
- no refunds

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