Parent's name or Adult Student's name_________________________________________Phone (Home or Cell)__________________________
Address________________________________________________________________________Phone (Work)_________________________
City/State/ZIP________________________________________________________________*Email (Student)________________________
                        ____________________________
*Email (Parent)_______________________________________________________________
                        ____________________________
   *We will not use your email for marketing purposes.

1. Student Name_________________________________Age______Semester Circle one: Fall   Spring   Fall/Spring
   Lessons Length (30/45/60 min) __________ Requested teacher_________________________Teacher Level_________Instrument________
   Class or Ensemble Name of Activity______________________________________________Circle one: Traditional or Suzuki

2. Student Name_________________________________Age______Semester Circle one: Fall   Spring   Fall/Spring
   Lessons Length (30/45/60 min) __________ Requested teacher_________________________Teacher Level_________Instrument________
   Class or Ensemble Name of Activity______________________________________________Circle one: Traditional or Suzuki

3. Student Name_________________________________Age______Semester Circle one: Fall   Spring   Fall/Spring
   Lessons Length (30/45/60 min) __________ Requested teacher_________________________Teacher Level_________Instrument________
   Class or Ensemble Name of Activity______________________________________________Circle one: Traditional or Suzuki

On-campus parking near the NIU Music Building between 7 a.m. and 5 p.m. Mon.-Fri currently requires a valid permit.
Purchase an optional CSA Parking Permit by visiting the campus parking webpage. https://www.niu.edu/parking/permits/other.shtml

Payment information
Make check payable to Northern Illinois University, mail to address above or drop in secure mail slot at Music Building room 132.
Fax: 815-753-8372 or Email: ksherman2@niu.edu

Credit Card Payment
Use my □ Visa □ MC □ Discover □ American Express
Card #_________________________________________Exp. date (MM/YY)____________
Name and Address as it appears on the card/statement:
____________________________________________________________________________
____________________________________________________________________________
Charge my card for the total owed.
I would like to use the installment plan and will pay in two installments (one semester enrollment) or four install-
ments (two semester enrollment). The installment plan requires the use of a credit card. Note: We cannot accept a credit card
that expires before the date of your final installment payment.
Sign below to indicate that you have read and understand the installment plan terms, detailed in full on our website.
Signature:
____________________________________________________________________________
____________________________________________________________________________
□ Please do NOT photograph or record my/our children. If we do not want my/our children used in
CSA publicity, including display boards, press releases, website, recordings and brochures.

Scholarship amount - __________
TOTAL AMOUNT OWED ____________________________
For installment payees: FIRST INSTALLMENT PAYMENT ____________________________
BALANCE DUE ____________________________

Office Use Only  Teacher Contacted_____________________________________ Date____________________ Confirmed
Installment Payments: __________________ / __________________ / __________________ / __________________