

NIU Community School of the Arts Registration Form - Fall 2023/Spring 2024

NIU Community School of the Arts, College of Visual and Performing Arts, Northern Illinois University, 1425 W. Lincoln Hwy. DeKalb, IL 60115

QUESTIONS? Call 815-753-1450 Email Ksherman2@niu.edu Visit csa.niu.edu

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

	Fee
1. Student Name _____ Age _____ Semester Circle one: Fall Spring Fall/Spring	
<input type="checkbox"/> Lessons Length (30/45/60 min) _____ Requested teacher _____ Teacher Level _____ Instrument _____	
<input type="checkbox"/> Class or Ensemble Name of Activity _____ Circle one: Traditional or Suzuki	
2. Student Name _____ Age _____ Semester Circle one: Fall Spring Fall/Spring	
<input type="checkbox"/> Lessons Length (30/45/60 min) _____ Requested teacher _____ Teacher Level _____ Instrument _____	
<input type="checkbox"/> Class or Ensemble Name of Activity _____ Circle one: Traditional or Suzuki	
3. Student Name _____ Age _____ Semester Circle one: Fall Spring Fall/Spring	
<input type="checkbox"/> Lessons Length (30/45/60 min) _____ Requested teacher _____ Teacher Level _____ Instrument _____	
<input type="checkbox"/> 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](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

Scholarship amount - _____

**TOTAL AMOUNT
OWED**

For installment payees:

**FIRST INSTALLMENT
PAYMENT**

BALANCE DUE

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 installments (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. I/We do not want my/our children used in CSA publicity, including display boards, press releases, website, recordings and brochures.

Office Use Only Teacher Contacted _____ Date _____ Confirmed _____

Installment Payments: _____ / _____ / _____ / _____