

Avant-Garde Art Studio
 School of Fine Art
 925-484-1378 ph & fax
 info@avantgardeartstudio.com

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 Pleasanton, CA 94566
 www.AvantGardeArtStudio.com

Renewal and Addendum to RF-051611

First, Last Name	Birthday	Class Title/Time

Parent/Guardian _____

Same address and contact information? : yes no

If new, please update.

Address _____

City _____ State _____ Zip _____ Home Ph# _____

Daytime or Cell Ph# _____ email _____

A. Tuition: \$ _____ for a series of _____ classes

Weeks into the semester	Percent prorated refund
1st - 2nd	100%
3rd - 6th	50%
7 - 12th	25%
Make-up Schedule _____ Initial	

Number of classes	Number of make ups within same semester
12 - 10	2
9 - 7	1
6 - 4	0
Make-up Schedule _____ Initial	

Any make up beyond the allocated amount in the chart incurs a 30% flexibility fee per class. I hereby agree to renew my enrollment and follow the terms and conditions of the master contract signed the previous semester.

 Signature

 Date (m/d/y)