



PACIFIC ACADEMY FOUNDATION ORCHESTRA

FINANCIAL AID APPLICATION FORM

Today's Date:

Application Received by:

Date:

PHOTO RELEASE

I, the undersigned, hereby grant permission to Pacific Academy Foundation the right to use and copyright photographs of me without restriction for any purpose such as, but not limited to, promotion, advertising, and public relations. I hereby release and discharge Pacific Academy Foundation from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel.

Patient/Guardian Name

Student Name

Patient/Guardian signature

Student Signature

Date

PARENT/GUARDIAN INFORMATION (Primary Contact)

Parent/Guardian Last Name:	First Name:	Middle:	Title:
Relationship:	Living with applicant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Home Address:	City:	State and Zip:	
Citizenship:	Marital Status:	Occupation:	
Home Phone:	Cell-phone:	Work Phone:	
Email:			

PARENT/GUARDIAN INFORMATION (Secondary Contact)

Parent/Guardian Last Name:	First Name:	Middle:	Title:
Relationship:	Living with applicant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Home Address:	City:	State and Zip:	
Citizenship:	Marital Status:	Occupation:	
Home Phone:	Cell-phone:	Work Phone:	
Email:			



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IN CASE OF EMERGENCY

Name of local friend or relative:	Relationship to student:
Home phone no.:	Work phone no.:

PARENT/GUARDIAN CONSENT

Please initial in each bullet and sign at the bottom.

- _____ The above information is true to the best of my knowledge.
- _____ I hereby authorize my child, _____, to participate in auditions or other events held by Pacific Academy Foundation and its affiliations. I understand that I will receive no financial assistance for participating in such events, and that Pacific Academy Foundation has my permission to use the photographs of my child taken from the audition, rehearsals and sectionals.
- _____ I hereby release Pacific Academy Foundation, its employees, associates, and its affiliations from any and all liability arising from the participation in the activity/activities should there be damage or injury occurred in the events.
- _____ In case of emergency, I consent that Pacific Academy and its affiliation seek medical assistance for my child as necessary, including emergency care and paramedics, should I be absent. I assume full financial responsibility for all medical expenses incurred.
- _____ ‹Photo Release› I hereby grant permission to Pacific Academy Foundation the right to use and copyright photographs of my child without restriction for any purpose such as (but not limited to) promotion, advertising, and public relations. I hereby release and discharge Pacific Academy Foundation from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel.

Patient/Guardian signature

Student Signature

Date