

# SUMMER 2023 STUDIO SCHOOL ENROLLMENT FORM

\_\_\_\_\_  
 Last Name First Name Date of Birth (Month / Day / Year)

\_\_\_\_\_  
 Email\* Today's Date (Month / Day / Year)

\_\_\_\_\_  
 Street Address / Apt. # / City / State / Zip

\_\_\_\_\_  
 Phone (Area Code and Number) Alternate Phone (Area Code and Number)

\_\_\_\_\_  
 Emergency Contact (First and Last Name) Phone (Area Code and Number) Relationship

*\*PLEASE NOTE: Email is used primarily by instructors for contacting students for course-related information. Email is also used by the school for official Glassell communications with students, such as e-newsletters, and communications from the School staff, including the faculty chair/dean, registrar, or other office personnel.*

Have you attended the Glassell Studio School at any time in the past?  No  Yes, last enrolled: \_\_\_\_\_ (Year)

LETTER	COURSE I.D.	DAY	TIME	INSTRUCTOR	DATES	TUITION	FEES (\$)

**5% DISCOUNT!** An MFAH membership at the Patron level or higher qualifies you for a 5% discount on all Studio School tuition (class fees not included).

- I am a Patron+ MFAH member. My member name / ID # is \_\_\_\_\_
- I would like to join the MFAH at the following level and have included membership dues below:
  - Patron \$200       Supporting \$350       Sponsor \$800       Benefactor \$1,500
- I am a docent of the MFAH (Please attach copy of Docent I.D. with enrollment form)

**SUPPORT GLASSELL!** Please consider an additional donation to the Glassell School of Art.

- \$1,000       \$500       \$10       Other \$ \_\_\_\_\_

## PAYMENT INFORMATION

TOTAL DUE \$ \_\_\_\_\_

- CASH     CHECK (payable to MFAH)     CREDIT

\_\_\_\_\_  
 Card Number CVC Expiration Date (Month / Year)

*I have read, understood, and agree to the waiver of release of liability in the "Student Policies and Information" section of the catalog and available at the school website. I agree that I am being charged for the amount indicated on this form, and will pay that amount in the payment method indicated above.*

\_\_\_\_\_  
 Student Signature (REQUIRED. Registration will not be processed without signature.) Date (Month / Day / Year)

### SUBMIT COMPLETED FORM AND PAYMENT TO:

**Email:** registration@mfa.org

**Mailing:** Glassell School of Art  
 Attn: Registrar  
 The Museum of Fine Arts, Houston  
 P. O. Box 6826  
 Houston, TX 77265

**Hand-Delivery:** Glassell School of Art  
 5101 Montrose Blvd.  
 Houston, TX 77006  
 Drop Box on 3rd Floor