

Wakefield Music Lesson Program 2009-2010

STUDENT NAME: _____

PHONE #: _____ INSTRUMENT: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN EMAIL: _____

DID YOU TAKE LESSONS THROUGH THE WAKEFIELD PROGRAM LAST YEAR? _____

IF YES, WHO WAS YOUR TEACHER? _____

IF THIS TEACHER IS AVAILABLE, WOULD YOU LIKE THE SAME TEACHER? _____

PLEASE LIST THE TIMES YOU ARE AVAILABLE FOR LESSONS.

MON.	TUES.	WED.	THURS.	FRI.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TEACHERS WILL BE CONTACTING YOU DIRECTLY TO SET UP LESSON DAYS AND TIMES

I AGREE TO THE TERMS OF THE WAKEFIELD LESSONS PROGRAM AS STATED IN THE ABOVE LETTER. I UNDERSTAND IT IS MY RESPONSIBILITY TO KEEP TRACK OF PAYMENT FOR LESSONS AND NOTIFY THE PRIVATE TEACHER 24 HOURS IN ADVANCE IF I WILL MISS A LESSON.

STUDENT SIGNATURE/DATE: _____

PARENT TEACHER/DATE: _____