

2017/2018 Private Lesson Registration Form

Indian Hill Music School, PO Box 1484, Littleton, MA 01460 | Tel. (978) 486-9524 | Fax (978) 486-9844

Family Name: _____

() New Student *HOW DID YOU HEAR ABOUT US?* _____

() Continuing Indian Hill Student

Student Name _____ Date of Birth _____ Male/Female _____

School (if applicable) _____ Grade (if applicable) _____

Home Phone # _____ Email (if Adult student) _____

Address _____ Town _____ State _____ Zip _____

Parent Name (if applicable) _____ Circle One: Mother /Father /Guardian Cell # _____

Work # _____ Email _____

Parent Name (if applicable) _____ Circle One: Mother /Father /Guardian Cell # _____

Work # _____ Email _____

Emergency Contact: _____
(Name) (Relationship) (Phone)

List student's allergies, special needs, physical limitations, or medical issues: [] None

Indian Hill is required to maintain records for reporting to state and federal funding agencies. Please check one:

() Caucasian () African-American () Asian-American () Native-American () Hispanic () Other _____



I have reviewed the Policies & Procedures in print or on the website and agree to abide by them.

Signature _____ **Date** _____

Indian Hill Music does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, citizenship, ancestry, age, mental or physical disability, veteran status, or any other category protected under applicable law in its admissions, education programs, activities, or employment policies.

PRIVATE LESSONS: Full Year Tuition: \$1448 (30 min) \$2072 (45 min) \$2672 (60 min)

Lessons starting after the beginning of the school year will be pro-rated. Above pricing is based on 32 lessons.

A non-refundable registration fee of \$35/\$50 family cap is due with this form. Payment for the first four lessons is due upon placement.

Briefly tell us about the student (study/practice habits, teaching style student relates best to, special needs, personal goals for music study, music styles of interest, e.g., classical, jazz, contemporary). Please write legibly and feel free to use the back of the form if needed.

Instrument _____ Preferred Teacher (if applicable) _____

Lesson Length desired (circle one) 30 min. / 45 min. / 60 min.

Student Availability (Please list all options you are willing to consider. Circle your preferred days.)

Could arrive by:

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
_____	_____	_____	_____	_____	_____

Must leave by:

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
_____	_____	_____	_____	_____	_____

<i>For Office Use Only</i>							
<u>Instrument</u>	<u>Teacher</u>	<u>Time</u>	<u>Day</u>	<u>Length</u>	<u>Sessions</u>		
AC _____	PM _____	Reg Fee Pd _____	Dep Pd _____	QB _____	TS _____	Sched _____	Fac _____