



CODE _____

Date Recv'd _____

Private Lesson Registration Form – 2008/2009

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 () Current IHM Student/New to Instrument

Student Name _____ Date of Birth _____ Male/Female _____

Mother/Guardian Name _____ Employer _____

Father/Guardian Name _____ Employer _____

Phone (h) _____ (w) _____ (c) _____

Address _____ Town _____ State _____ Zip _____

E-Mail _____

Emergency Contact (Name/relationship/phone) _____

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

[] Yes, I would like to be contacted about volunteering my time/skills to Indian Hill Music. Specialty to share _____

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 and procedures in catalog or web site and agree to abide by them.

Signature _____ **Date** _____

PRIVATE LESSONS: Full Year Tuition: \$1112 (30 min.) \$1576 (45 min.) \$2032 (60 min.)
Lessons starting after the beginning of the semester will be pro-rated. A registration fee of \$30/\$45 family cap is due with this form. A non-refundable 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.

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.)

	<i>Mon.</i>	<i>Tues.</i>	<i>Wed.</i>	<i>Thurs.</i>	<i>Fri.</i>	<i>Sat.</i>	<i>Sun.</i>
<i>Could arrive by:</i>	_____	_____	_____	_____	_____	_____	_____
<i>Must leave by:</i>	_____	_____	_____	_____	_____	_____	_____

<i>For Office Use Only</i>						
<u>Instrument</u>	<u>Teacher</u>	<u>Time</u>	<u>Day</u>	<u>Length</u>	<u>Sessions</u>	
AcDB/ChDB/PmDB _____	Reg Fee Pd _____	Dep Pd _____	QB _____	PR _____	Sched _____	