



Private Lesson Music Program

Leander ISD - Fine Arts Office
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Enrollment form 2011-2012

Please Print

Student's Name: _____ Instrument/vocal part: _____

Address: _____ City: _____ Zip: _____

Parent Name: _____ Parent e-mail (if available): _____
(will be used for e-statement billing as well as communication)

Home Phone: _____ Business Phone: _____

School: Cedar Park HS Leander HS Rouse HS Vandegrift HS Vista Ridge HS
 Canyon Ridge MS Cedar Park MS Four Points MS Henry MS Leander MS Running Brushy MS Wiley MS

Grade: 6th 7th 8th 9th 10th 11th 12th

Class Period: 1st 2nd 3rd 4th 5th 6th 7th 8th 9th Time of Class Period: _____

Private Lesson Teacher (if currently taking): _____ Requested teacher: _____

Requested length of lesson per week: (circle preference-subject to teacher schedules —**Note: HS lessons will be min. 1/2 hour**)
20 min. (\$14 ea) 30 min (\$21.00 ea) 40 min (\$28 ea) 45 min (\$31.50 ea) 60 min (\$42 ea)

A deposit check for 1-month's lesson fee must accompany this enrollment form.

(Checks are deposited in the bank and credit is held until the end of the year's program, and then applied to the student's account for their last month of lessons.)

Deposits: 20 min. - \$56.00 30 min.- \$84.00 40 min - \$112.00 45 min - \$126.00 60 min. - \$168.00

Instructions: Turn in completed form to the student's director. Invoices will be sent by the 8th of each month (e-statements will be sent via email listed on this form). Enrollment in this program is a commitment to take private lessons as outlined in the attached procedures. Program cancellations **MUST** be made in writing and sent to the LISD Fine Arts Office and private lesson teacher. Your signature is acceptance of financial responsibility on this account and notice of Lesson procedures.

Your check or money order should be made payable to LISD (with your student's name and "private lessons" on the memo line).

A Driver's License number MUST be on ALL personal checks to LISD.

DRIVER'S Name & LICENSE # (Accounts being paid by personal check): _____

Parent's Signature: _____ Parent's Name Printed: _____

(Signature verifies that the attached policies & procedures have been received and will be honored.)

If possible, assign private lessons during class. If possible, assign private lesson before/after school.

Every effort will be made to accommodate scheduling conflicts. Please note conflicts below (ie, Wednesday Church, piano lessons, etc.) _____

TO BE FILLED IN BY THE DIRECTOR: (check appropriate box & fill in teacher name if available)

- This student is scheduled with PL Teacher: _____
- This student has not been scheduled at this time.

Special Note:

Lack of personal financial resources should not prohibit your child from participating in the private lesson program. For more information, contact your child's director or the LISD Fine Arts Office (570-0162) for assistance.