

CALIFON SCHOOL
SUMMER MUSIC LESSON APPLICATION FORM

Student Name(s) _____

Home Phone _____ email: _____

Street Address _____

Emergency Contact: _____ phone # _____

Instrument _____ Incoming grade _____

Lesson Fees:

Bi-Weekly (through 5 weeks) = \$160.00

Single Lessons = \$20.00 (please indicate dates attending)

___ I would prefer weekly lessons (once per week for 5 weeks)

___ I would prefer Bi-weekly lessons (twice per week for 5 weeks)

___ I would like to schedule single lesson(s) for the following date(s):

Any questions or special scheduling needs please explain below:

Signature of Parent/ Guardian

Date

*Please return this form with a check for the enrollment fee payable to
Mrs. Thompson no later than Thursday, June 12, 2008.*