



ROCKWALL
SCHOOL of MUSIC LESSON CONTRACT
Enrich Your Life!

749 Justin Road

Date _____

Rockwall, TX 75087
 (972) 722-6874
 www.rockwallmusic.com

STUDENT NAME _____ MALE / FEMALE PARENT NAME _____
Please Circle Gender

ADDRESS _____ HOME _____
 PHONE _____

Street

CELL PHONE _____

_____ City State Zip

BIRTHDAY _____ AGE _____ GRADE _____
 EMAIL _____

HOME SCHOOLED: Yes/No ANY MEDICAL CONDITIONS? _____ HOW DID YOU HEAR ABOUT US?

LESSON SCHEDULE and FINANCIAL RESPONSIBILITIES

LESSON TYPE _____ TEACHER _____ STARTING DATE _____
INSTRUMENT Private, Partner, or Class

DAY & TIME _____ REGISTRATION FEE \$35.00 OTHER _____

MONTHLY TUITION

PRIVATE LESSONS _____

PARTNER LESSONS _____

X _____

SEMESTER CLASSES _____

\$ _____

THE SCHOOL of MUSIC YEAR

Includes 32 lessons Sept - May

SUMMER LESSONS SCHEDULED _____

AT YOUR CONVENIENCE

FIRST MONTH TUITION

LESSON RATE _____

NUMBER OF LESSONS _____

TOTAL _____

TUITION IS PAYABLE IN 9 EQUAL INSTALLMENTS

SEPT _____ OCT _____ NOV _____ DEC _____ JAN _____ FEB _____ MAR _____ APR _____ MAY _____

PAYMENT OPTIONS (check one)

ACH BANK DRAFT* _____ AUTO CREDIT CARD* _____ CHECK _____ CASH _____

*Please complete an Automatic Payment Consent Form.

PAYMENT SCHEDULE (check one)

MONTHLY _____ SEMESTER _____ YEARLY _____

LESSON CONTRACT AGREEMENT

I accept the Lesson Schedule and Financial Responsibilities. I understand that payments are due the first lesson of each month. To cancel lessons, I understand that an official DROP FORM must be completed and returned to office personnel at least two weeks in advance of the last lesson.

 PARENT/STUDENT SIGNATURE

 DATE

 SCHOOL REPRESENTATIVE SIGNATURE

 DATE