

Studio Agreement

Please read, fill out completely, and return at the first lesson

Student Name:

Parent Name:

Address:

Phone (Home):

Phone (Cell):

Phone (Work):

Email Address:

I read emails:

Grade (2019–2020):

School:

Birthday:

Parent Agreement

I have carefully read the enclosed Studio Policy and understand it as written. I also understand my child is expected to practice daily and to keep a record of his/her daily work. I also accept responsibility in helping him/her reach these goals. I also consent to him or her receiving lessons without an adult 18 or over present in the teacher's home.

Signature _____ Date _____

Student Agreement

I will read my assignment carefully at every practice session and will practice daily, always working to improve. I will call my teacher if I have a question. I will try to practice at a scheduled time each day, and also practice the day before and the day after my lesson.

Signature _____ Date _____

Clear

Print