

Supplemental Music Lesson Instruction Enrollment Form

Please Print All Information

Student Name _____

Instrument _____ Home Phone _____

Class period: _____ Parent email address: _____

_____ Yes, I would like my child to have supplemental music lessons at school **during** the regularly scheduled class period.
Please schedule a half class pd. lesson _____ or a full class pd. lesson _____.

_____ Yes, I would like my child to have supplemental music lessons **before or after** school hours. I understand that these lessons may be scheduled at our school or one in the near vicinity. Please schedule 25 minute _____ or 50 minute _____ lessons.

_____ If possible, please schedule my child to study with _____ (please name private music contractor).

_____ No, I am not interested in the Plano ISD Supplemental Music Lesson program at this time.

_____ My child is already studying with _____ (name & ph. #) outside of the PISD Supplemental Music Program.

Parent Signature _____ Date _____
(Signature required regardless of the blank that is checked. Thanks.)