



Footprints Academy  
Music Lesson Permission Form  
2009 – 2010 School Year



**Session I (September - December, 2009)**

Parent's Names:

Telephone: (     )

Student's First Name:

Student's Grade Level:

Please circle one: **Piano Lessons**     **Guitar Lessons**

Experience playing that instrument (new to the instrument, 3 months, four years, etc.):

Additional Information (optional):

Preferred lesson time (please circle one):     **Mid-day**     **After School**

Preferred lesson day Monday Tuesday Wednesday Thursday Friday

I grant permission for my child(ren) \_\_\_\_\_ to participate in music lessons, which are lead by Karen Salter. I agree to pay for all lessons at the rate of \$20.00/half-hour, as billed. I understand that if my child misses a lesson due to absence or illness I will not be refunded for that lesson. I further understand that to cancel my lessons I will submit in writing my intentions to do so and provide at least two-week notice of those intentions.

**Both parents must sign if custodial:**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

