

Private Lessons

I would like for my child to participate in the Music Enrichment Program (Private Lessons) of the Garland Independent School District by taking (instrument or voice) _____ lessons.

I understand that:

- Lessons are charged at a flat rate of \$20.00 per lesson payable to the Music Enrichment Teacher.
- Lesson will be paid in advance at the first lesson of each month.
- Students provide all instructional materials (books, music, etc.)
- Students are expected to notify private instructors at least 24 hours in advance of missing a scheduled lesson. The instructor and/or school director may make exceptions in the event of sudden illness or emergency. The instructor may provide makeup lessons subject to agreement with the students and parents. Unexcused absences will not be made up and no refund will be made.
- Students may stop taking lessons at the end of any month. A student may be dropped by an instructor, with approval of the school director, for excessive absences, failure to make satisfactory progress or unacceptable behavior.

WAIVER OF LIABILITY OF GARLAND INDEPENDENT SCHOOL DISTRICT PARENT/LEGAL GUARDIAN AND STUDENTS 18 YEARS OR OLDER

I am the parent or legal guardian of the student named below, or a student eighteen (18) years or older, who desired to receive music instruction from the GISD Music Enrichment Program. I

understand that the music instructors and volunteers are not employees or volunteers of the Garland Independent School District. I agree to hold harmless the Garland Independent School District, its employees, agents, representatives, and Board of Trustees, from and against any and all claims, causes of action, damages, losses, and expenses, including attorney's fees, arising out of or resulting from participation by the student named below in the GISD Music Enrichment Program.

Date _____

Signature of Parent/Legal Guardian _____

Printed Name _____

Address _____

Home Telephone _____

Signature of Student 18 years or older _____

Printed Name of Student _____

City, Zip _____

Work telephone for parents _____

Email address _____

Music Class Period _____ Period of NonAcademic Class _____

Lessons Desired During/Before/After School _____

Teacher from last year _____

To be filled out by Music Enrichment Instructor

Instructors Name _____

School where lesson is taught _____

Please return this registration form, **along with a check for the first month's lessons**, to your student's Music Enrichment Teacher. This form is to be kept on file with GISD music teacher.