



LIBERTY PUBLIC SCHOOLS

Instrumental Music Private Lesson Verification Form

First Semester (September – December 20__)

Student Name: _____ Grade: _____ School _____

Parent/Guardian Name: _____ Phone: _____

Teacher Name: _____ Phone: _____

Instrument taught: _____

Frequency of lessons: _____ Length of each lesson: _____

Teacher Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please complete this form and turn it into your Band/Orchestra Director by December 15th of the current school year.



LIBERTY PUBLIC SCHOOLS

Instrumental Music Private Lesson Verification Form

Second Semester (January – April 20__)

Student Name: _____ Grade: _____ School _____

Parent/Guardian Name: _____ Phone: _____

Teacher Name: _____ Phone: _____

Instrument taught: _____

Frequency of lessons: _____ Length of each lesson: _____

Teacher Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please complete this form and turn it into your Band/Orchestra Director by April 15th of the current school year.