

Erika Andres Flute Studio Student Contract

Student Name _____

School _____ Grade _____

Guardian Name(s) _____

Guardian Email _____

Student Email _____

Home Phone # _____ Cell Phone # _____

Student Phone # _____ Student birthday (optional) _____

Mailing Address _____

Previous Musical Experience _____

How did you hear about my studio? _____

(Check one) Lesson Length: **30 min** **45 min** **1 hr** Location: **my home** **online**
Payment: **per month** **per semester** Lesson Frequency: **Weekly** **Other** _____

Tuition \$ _____ per 4 week month or \$ _____ per 5 week month due within the first week of the month. \$ _____ per semester due within the first week of a semester of lessons (for a 10% discount).

(Check one) I **DO** / **DO NOT** give permission for photos or videos taken during flute activities for myself/ my child to be posted on my website. I **DO** / **DO NOT** give permission for my email address to be added to the studio newsletter.

Please sign below to acknowledge that you have read all studio policies and agree to all terms and conditions.

Guardian Print Name

Guardian Signature

Date

Student Print Name

Student Signature

Date