

Lassiter Music Institute

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STUDENT INFORMATION SHEET

This information must be on file for every student taking lessons from an instructor as part of the music institute. Complete this form and return it to Directors Office.

Personal Information

Instrument _____

Instructor Name _____

Preferred Lesson Day / Time: _____

Student Name (first, middle, last) _____

Parents Names _____

Address _____ Street &

Number Apt. No.

City, State, Zip

Phone (____) _____ Alternate Phone (____) _____ email

Previous private teachers _____

Are you interested in taking lessons in the summer? _____

I have read and agree to all policies for lesson fees and make-up lessons as stated in the Lassiter Music Institute Instructor and Student Policies. I understand that all fees are due at each lesson or in advance payable to the LBBA. Cancellation and loss of lesson times will result in nonpayment.

Parent Signature _____ Date _____