

Jessica T. Carter

Music Studio

Music Lessons Contract

Student Information:

Name of Student's Parent _____

Name of Student _____

Phone Number _____

Email Address _____

Lesson Selection:

Area: Violin _____ Voice _____ Music Composition _____

Duration (minutes): 30 _____ 60 _____

By signing this contract, I acknowledge that I have read and understand the terms and conditions of this contract and the studio policy. I have a copy of this information for future reference.

Jessica T. Carter, teacher

Student Signature

Parent Signature (if applicable)

_____/_____/_____
Today's Date