

## **Music Private Lessons Student and Parent Agreement**

I have read and understand the policies, procedures, practices, and financial requirements outlined in the Rockwall Independent School District Independent Contractor Guidelines for Music Private Lesson Teachers. I agree to adhere to these guidelines as a condition for voluntary participation in the music private lesson program and understand that failure to meet attendance expectations or financial obligations will result in the student being removed from the music private lessons.

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
Student Printed Name	Student Signature	Date
Student ID #	Organization / Campus	_

Campus Music Teachers will retain a copy of the signed form on file through the duration of the school year. A new Acknowledgement Form must be completed each school year.

## Student Information:

Grade	Instrumen	t	Band Class(es)			
Student ema	ail		Stuc	lent phone		
Parent Emai	il		Pho	ne Number		
Preferred co	mmunication					
	D Phone	time: AM	or	PM		
	Email					
Private Tead	cher (preferred	l)				
l consent fo	or the above i	nformation to	be shar	ed with the private	teacher for my student's	
instrument.	,					
Parent Signa	ature			Date		