



All requests must be secured with a \$200 non-refundable check made payable to The Connecticut School of Music

Student Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Length of Lesson: \_\_\_\_\_ Instrument: \_\_\_\_\_

Choice One: \_\_\_\_\_  
(Day) (Time)

Choice Two: \_\_\_\_\_  
(Day) (Time)

Choice Three: \_\_\_\_\_  
(Day) (Time)

Deposit: Included: \_\_\_\_\_ Not Included: \_\_\_\_\_

The Connecticut School of Music will make every effort to accommodate everyone however preference will be given to those students with siblings or those who are taking multiple classes. If you have any special needs which we should know about please let us know in the box below.

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_