

Student – Teacher Contract

Group Art Lessons 2010-2011

Name of Student: _____

Parent Name(s)(if student is under 18): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Alternate Phone: _____

Payment Type(circle one): \$1500 Annual Lump Sum 9 Monthly Payments of \$167

I, _____, understand that by signing this contract, I am agreeing to attend the classes offered by Michael Tole. My class materials will be provided for me. There are 30 classes in this contract year. I have been informed that the Group Class is on Saturdays from 10 AM – 12 PM. I know that classes begin September 11th and End May 21st. The following Saturdays we will not meet for class: Oct. 23rd, Nov. 27th, Dec. 18th, Dec. 25th, Jan. 1st, 15th, March 19th, April 23rd. Should I miss a lesson, I know that the free make up day for the missed lesson is May 21st from 8 -10 AM. Should I miss more than one lesson, Michael Tole is not required to schedule a make up lesson and I will forfeit the cost of that day's lesson. The tuition fee for these classes is \$50 per two hour sessions. I may pay in one lump sum prior to the start of classes, or I may pay on a monthly basis at a rate of \$167/ month if paid during a 9 month cycle from September – May. I also understand that termination of this contract prior to the completion of the 30 sessions is allowed, but I will be required to pay a \$250 early termination of contract fee.

I understand that the stated goals of the class are not a promise of what will actually be achieved by me. I realize that I may need to spend some time outside of class preparing or practicing the skills and techniques taught to me.

Signature of Student: _____ Date: _____

Signature of Parent(if student is under 18) _____ Date: _____

Signature of Teacher: _____ Date: _____