

Student – Teacher Contract

Individual 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): \$1800 Annual Lump Sum 9 Monthly Payments of \$200

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 agree to show up to my appointed lesson time, which has been set to occur on _____ from _____ AM/PM. I know that classes begin the week of September 6th and end the week of May 16th. The following days we will not meet for class: Oct. 23rd, Nov. 24th - 28th, Dec. 18th - Jan. 3rd, March 19th – 27th, April 21st – 25th. Should I miss a lesson, I know that the free make up day for the missed lesson is May 21st in the afternoon. 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 \$60 per two hour sessions. I may pay \$1800 in one lump sum prior to the start of classes, or I may pay on a monthly basis at a rate of \$200/ 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: _____