

Fall____ Spring____ Summer____ Year____

Student Name:_____

Music School Policies

Payments: I agree to the terms of the option selected below under “payment.” I understand that teachers are under no obligation to teach lessons for which they have not been paid.

Make-up Lessons: I have read and agree to abide by the Make-up lesson policy described in the BMC Music School Handbook. (One, and only one, make up lesson per semester.)

I have read the BMC Music School Student Handbook and agree to abide by the guidelines set forth in it and in this contract.

Signed:

Parent/guardian/adult student

Date

Payment

I am paying the full semester balance **on or before the first lesson.** Thank you!

I am paying at least half of the semester balance now. I agree to pay the remaining balance **by mid-term.**

I am applying for financial aid. The \$16 registration fee **and fee for one lesson are enclosed.** Once I receive the award I will pay at least half of the remaining balance unless an alternative arrangement has been set up with the office.

I request a payment plan. The \$16 registration fee **and fee for one lesson are enclosed.** Please **contact the office to set up a plan: 802.257.4523**

A check/cash is enclosed

Please charge my credit card: (Visa, Mastercard, Discover)

full amount half the amount

for some other amount: \$_____

Card _____ Expiration date:_____

Name on card _____ Security code on card:_____

Late or missing payments may result in the suspension of lessons.