West Carrollton Band Boosters

Request for Approval of Private Lessons

Students Name: Parents Name: Address: Phone: (h) (cell) Email: (student) (parent)	Teachers Name: Business Name: Address: Phone: Email:
Please let us know your reasons for request:	
Cost per lesson: Time period: (days/wk or days/mo)	
West Carrollton Band Boosters realizes the importance of private lessons for some students and are willing to help pay half of the cost. This is on a case-by-case basis and ***must*** be approved by the board before lessons start. Payment will only be made after successful completion	Approved: _____ Not Approved: _____ Reason:

Parent of student, please mark one:
With approval and successful completion of lessons, I would like refund to be handled this way:

☐ Deposit refund into the student account ☐ Please send me a check