



Music Enrichment: Private Instruction Program Enrollment Form

Dear Parent,

To enroll your student in the Music Enrichment Program, please complete this form. **There is a \$10.00 enrollment fee per year. Attach a check or money order made payable to "CCISD MEF" to the completed form and submit the form to your student's Band, Choir, or Orchestra Director.** This fee covers the administrative costs for processing teachers and facility usage during the year. Upon receipt of this form the director will assign a private lesson instructor for your student. Returning students are typically assigned to the same teacher. Once lessons begin, parents will pay the lesson teacher directly for the service provided. The fee rate required is based on the lesson teacher's experience, training and past success.

1. **Level 4** - \$25.00 per half hour lesson. Instructor holds a doctorate or is a professional master musician.
2. **Level 3** - \$23.00 per half hour lesson. Instructor holds a bachelor's degree, is a professional musician, or has 6 or more years of private lesson instruction.
3. **Level 2** - \$18.00 per half hour lesson. Instructor is typically a university student
4. **Level 1** - \$9.00 per half hour. Instructor is a selected talented high school student, when available.

If you have any questions please contact the Music Enrichment Department at 281-284-0086, Monday through Friday, 8:00 a.m. to 4:30 p.m., woodhouse@ccisd.net, or contact your child's music director.

Student Name (Last, First):			
School Attending:		Grade:	
Parent/Guardian Name (Last, First):			
Street Address:			
City, State, Zip:		Phone:	
Email Address:			

Instructor requested: (optional) _____

Signature of Parent: _____ Date: _____

Parents - Choose from the following:

Band – Bassoon, Clarinet, Cornet, Euphonium, Flute, French Horn,
 Oboe, Percussion, Saxophone, Trombone, Trumpet, or Tuba

Orchestra – Bass, Cello, Viola, or Violin

Choir – Voice

Director Use Only – fill out before returning to MEF office for processing

Instructor Assigned: (completed by director)

Amount Paid: _____

Check Number: _____

Date: _____

Financial Aid Student? Yes No (If yes, a copy of the financial aid letter must accompany this enrollment form)