



Private Lesson Request

Date: _____

Teacher: _____

Student Name: _____

Parent(s) Name: _____

1st Day Option: _____ Time: _____

2nd Day Option: _____ Time: _____

Email: _____

Phone: _____ Home Cell

Please note: This form is just a request; there may be someone already scheduled for the requested day and time.

The teacher will email or call with a confirmation of the lesson. All payments are due at the time of the lesson.

Please place all payments in the payment drop box or initiate payment through customer portal

Teacher notes: _____

RATES – Ms. Renee, Ms. Carol, Ms. Angela			
Session Length	\$ per solo student	\$ per duo student	\$ per trio student
30 min	\$35.00	\$17.50	\$17.50
60 min	\$70.00	\$35.00	\$35.00

RATES – Ms. Sherah			
Session Length	\$ per solo student	\$ per duo student	\$ per trio student
30 min	\$30.00	\$15.00	\$15.00
60 min	\$60.00	\$30.00	\$30.00

RATES – Miss Carter, Miss Danielle			
Session Length	\$ per solo student	\$ per duo student	\$ per trio student
30 min	\$17.50	\$8.75	\$8.75
60 min	\$35.00	\$17.50	\$17.50

RATES – Mr. Steve	
Session Length	\$ per solo student
30 min	\$30.00
60 min	\$55.00