

SUZUKI VIOLIN/CELLO PROGRAM ENROLLMENT FORM

For further information, please see page 48.

PLEASE FILL OUT & RETURN THIS FORM TO YOUR SCHOOL OFFICE NO LATER
THAN SEPTEMBER 11th.

MANSFIELD PUBLIC SCHOOLS Suzuki Violin/Cello Program

SCHOOL: GOODWIN SOUTHEAST VINTON

CHILD'S NAME: _____ AGE: _____ GRADE: _____

CHILD'S CLASSROOM TEACHER: _____

PARENT'S NAME: _____ HOME PHONE: _____

ADDRESS: _____

WORK PHONE, or number where you can be reached during the day: _____

EMAIL: _____

IN ORDER TO ENROLL IN THIS PROGRAM, A PARENT MUST ATTEND LESSONS WITH THE CHILD. Can a parent attend a 20 -Minute lesson during the school day? ____ Yes ____ No
INSTRUMENT: ____ Violin ____ Cello

Has your child taken violin or cello lessons before? ____ Yes ____ No

If so, what was the last piece worked on? _____

Please list any times or days that you will not be able to attend a lesson: _____

**PLEASE MAKE SURE A CHECK MADE OUT TO THE TOWN OF MANSFIELD FOR \$150
IS ATTACHED TO THIS FORM. FORMS WITHOUT CHECKS WILL NOT BE
CONSIDERED!**

QUESTIONS? Please call: Barbara Vaughan, Violin, 429-0865 or bcvaughan@charter.net
Sondra Boyer, Cello, 487-5812 or sboyer61@yahoo.com