

LETTER OF POLICY ACCEPTANCE AND PERSONAL INFORMATION UPDATE:

PLEASE CHECK:

\_\_\_\_\_ I have carefully read and understood the studio policy.

\_\_\_\_\_ I understand that written notification is required one month in advance of lesson termination and my account must be settled in full in order for me to be refunded my deposit. I understand that I am enrolled in the studio until written notification of termination is given.

\_\_\_\_\_ I have carefully read and understood the absentee policy. I understand that exceptions cannot be made except in cases of extreme illness or death in the family.

PERSONAL INFORMATION:

Parent Names: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Other Relevant Phone Numbers: \_\_\_\_\_

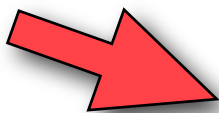
Best Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent Signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_



**RETURN THIS PAGE TO HEATHER BYARS**