SUZUKI VIOLIN/CELLO PROGRAM ENROLLMENT FORM

For further information, please see page 57 of Parent Handbook.

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**

INSTRUMENT: _____Violin _____Cello

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 before school? ____ Yes ____ No
during the school day? ____ Yes ____ No

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

_____

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