

**PLEASE RETURN THIS FORM  
TO YOUR CHILD'S CLASSROOM TEACHER  
WITHIN TWO SCHOOL DAYS**

**LEXINGTON PUBLIC SCHOOLS  
PERFORMING ARTS DEPARTMENT  
GRADE 4**

PUPIL'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ CLASSROOM TEACHER \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PARENT/GUARDIAN EMAIL \_\_\_\_\_

**PART I: INSTRUMENT SELECTION**

**STRINGS:**      VIOLIN              VIOLA              CELLO

Please circle choice of instrument. Students will be measured in school and told the correct size instrument to rent (1/4,1/2,3/4 or full size).

**PART II: PUPIL-PARENT-MUSIC DEPARTMENT AGREEMENT**

Each pupil will be expected to:

1. Study for at least one full year unless the instructor recommends termination of instruction through parental consultation.
2. Attend each lesson prepared with instrument and book with practice sheet signed by a parent.
3. Practice daily for 15-20 minutes. Instrumental teachers may be contacted to discuss a student's progress at any time.
4. Purchase or rent the best possible instrument. Beware of low prices or second hand instruments. Poor instruments frustrate beginners and hinder learning.
5. **PLEASE** do not handle the instrument until the student receives proper instruction at the first lessons.
6. Accept responsibility for the maintenance of the instrument.

STUDENT SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

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