



Dr. Elijah Pugh
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Private Trumpet Lessons

Student Agreement

If the *Student* is under 18 years of age they will be represented here by their parent or guardian, to be referred to hereafter as “parent.”

Student’s Name: _____
Please print clearly

Parent/Guardian’s Name (If Applicable) _____
Please print clearly

This agreement begins: _____
Date

A. Scheduling:

Regular lesson times will be scheduled/rescheduled at 3 points during the year

- 1) Start of the Fall semester. (September—December)
- 2) Start of the Spring semester. (January—May)
- 3) Start of Summer. (July—August)

Once a schedule is chosen and agreed upon, it will be the default scheduled for the duration of that period. Every effort will be made to schedule lessons at the *Student’s* or *Parent’s* first choice of time and day, though this isn’t always possible. The final decision on lesson time and day rests with the *Instructor* and his schedule.

B. Cancellation:

If the *Student* or *Parent* needs to cancel a lesson they should do so as early as possible. Notice of cancellation by this party is required no less than 72 hours prior to the lesson, excluding extenuating circumstances.

If the *Instructor* needs to cancel a lesson the *Student* and/or *Parent* will be informed as early as possible.

B-1 Make-up Lessons:

Any cancellation by the *Instructor* will include a make-up lesson scheduled for a mutually agreed upon time and date. If a make-up lesson cannot be readily scheduled an adjustment in billing will be reflected in the next month’s invoice.

Any cancellation by the *Student* or *Parent* made by the 72-hour deadline will include a make-up lesson scheduled for a mutually agreed upon time and date. If a make-up lesson cannot be readily scheduled an adjustment will be reflected in the next month’s invoice.

Any cancellation made by either party for extenuating circumstances: ie. Sudden onset illness, family emergency, flat tire, etc. will include a make-up lesson scheduled for a mutually agreed upon time and date. *(It is the Instructors prerogative to decide what constitutes an extenuating circumstance on a case by case basis)*. If a make-up lesson cannot be readily scheduled an adjustment in billing will be reflected in the next month’s invoice.

Any cancellation that does not meet the aforementioned guidelines will still be liable for fees and no make-up lesson will be scheduled.

B-2 Contact for Cancellation

The *Student* or *Parent* may contact the *Instructor* via email, voicemail, or text message to cancel a lesson. All contact regarding lesson scheduling or cancellation should be clearly labeled and include the following information.

- 1) **Email:** Subject line - *Student Name, Trumpet Lesson Applicable Date and Time*
Body of message - reason for cancellation, and any other pertinent information
- 2) **Text message:** Include - *Student Name, Trumpet Lesson, Applicable Date, Reason for cancellation, any other pertinent information.*
- 3) **Voicemail:** Clearly state - *Student Name, Trumpet Lesson, Applicable Date, Reason for cancellation, call back number, any other pertinent information.*

The *Instructor’s* preferred method of contact is text message.

B-3 Student/Parent Contact Information

Email: _____
Please print clearly

Home Phone: _____
Please print clearly

Cell Phone: _____
Please print clearly

Preferred Contact Method: _____
Please print clearly

C. Payment:

Lessons will be billed on a monthly basis. Each month at the first scheduled lesson the *Instructor* will provide the *Student* with an invoice for the month. Payment will be due two weeks after the invoice is issued.

Payments not received by the due date will result in suspension of lessons until payment is up to date.

Payments more than 4 weeks past the date of billing will incur a late fee equal to the price of 1 lesson. Payment must be brought up to date including the late fee before lessons will resume.

The number of lessons for each month will be determined based on the total number of lesson days in the month with exclusions of certain holidays to include such things as School Holidays, Thanksgiving, Spring Break, Fall Break, etc. These will be noted on the invoices and, if necessary, be discussed with the *Student* or their *Parent* in advance.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____