THE GASSE SCHOOL OF MUSIC

Dr. Daniel Gasse & Sarah Gasse, Directors
7641 W. Polk Street
Forest Park Illinois 60130
(708) 488-8117
www.gasseschoolofmusic.org

Registration Form – Fall 2018
Dr. Daniel Gasse

Name of Student _____

Parent/Guardian Name(s) _____

Address _____
(street) (city) (zip)
Telephone: Mother: (h) _____ **(c)** _____ **(w)** _____
Father: (h) _____ **(c)** _____ **(w)** _____
Student: (c) _____**(optional)**
Email: Mother: _____ **Father:** _____
Student: _____**(optional)**
Preferred method of contact: Phone: (h) _____ **©** _____ **(w)** _____ **(email)** _____ ***please check all that apply***
School _____ **Grade**_____ **Date of Birth** _____

<u>17 -Week Semester Beginning August 24th</u>

1/2 Hour	**Cello Lesson**		**$731.00**	
		2 Installments of	**$365.50**	_____
3/4 Hour	**Cello Lesson**		**$1096.50**	
		2 Installments of	**$ 548.25**	_____
1 Hour	**Cello Lesson**		**$1462.00**	
		2 Installments of	**$ 731.00**	_____
3/4 Hour	**Group Lesson**		**$348.50**	
		2 Installments of	**$174.25**	_____
1 Hour	**Chamber Music Class**		**$467.50**	
		2 Installments of	**$233.75**	_____

I have read and agree to the terms of the GSM School Policy _____ **(initial)**

<u>2nd Installment is due Week 6 of the Semester</u>
Make checks payable to The Gasse School of Music