

Intent to Discontinue Private Lessons

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home: _____ Work: _____ Cell: _____
Email: _____

****By completing and signing this form I understand that I am withdrawing from the Jason L. Smith School of Piano Arts. I understand that I may be unable to re-enroll later due to lack of available seats. I understand that I am not entitled to a refund of tuition fees paid. I also understand that the School may deny any re-enrollment at its discretion.**

Signature (Parent/Guardian if under 18)

Jason L. Smith _____
Date



School of Piano Arts