

**VOICE TUITION, 2016**  
**Tutor: Sarah Malone**

Bachelor of Arts (Hons)  
Diploma of Secondary Teaching  
Cert of Teaching ATCL  
Cert of Teaching LTCL

Email: [smalone@chilton.school.nz](mailto:smalone@chilton.school.nz) Cell: 021 082 02880

**TERMS AND CONDITIONS:**

1. Lessons are weekly and schedules are decided through the Itinerant Tutor timetable process. Junior School students Yrs 1–6 have a set suitable lesson time approved in consultation with the class teacher. Secondary students' lessons are on an approved rotating timetable.
2. Lessons are individual and are charged at \$30.00 per half hour. Accounts will be sent near the beginning of each Term and are payable within four weeks. Any account adjustments will be included in the following Term's invoice.
3. Where a student misses a lesson through illness or other good reason, and notifies the tutor in good time, the tutor will make every effort to reschedule the lesson. Lessons are not normally refundable. Absences by the Tutor will not be charged.
4. A high level of commitment is required by the student throughout the year to obtain the best results. She should maintain excellent attendance; come to lessons prepared and should follow a regular schedule of concentrated practice.
5. Students receiving voice lessons are normally required to be a member of the appropriate year level Choir, as per the school Music and Performing Arts policy
6. Lessons may be terminated by the student or Tutor at the end of a Term, should any problems arise.
7. The Itinerant Tutor programme is part of the Music and Performing Arts Programme and incurs the Registration fee.

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**Sarah Malone**

Student's name: \_\_\_\_\_ Class: \_\_\_\_\_ Age: \_\_\_\_\_

I wish to enrol my daughter for Voice tuition.

Name of Parent to whom account is to be sent: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Parent Mobile: \_\_\_\_\_

Student Mobile (extremely helpful): \_\_\_\_\_

I agree to the above terms and conditions of enrolment:

Signature Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN TO RECEPTION**