



Student Class Schedule

(Teachers keep this copy)

Teacher:

Student Name:

Email Address:

Telephone:

Instrument:

Mark an "X" in any hour in which you could not take a lesson.

Mark half hour and hourly commitments clearly.

	Monday	Tuesday	Wednesday	Thursday	Friday
8-9					
9-10					
10-11					
11-12					
12-1					
1-2					
2-3					
3-4					
4-5					
5-6					
6-7					
7-8					
8-9					
9-10					