

Private Lesson Reimbursement Form

Request to use Student Account Funds for private lesson teacher payment

Student r	name:				
Parent er	mail:				
Amount of payment:					
Payment	is for:				
Pa	ast lessons	# of lessons	Date(s):		
Fu	iture lessons	# of lessons	Date(s):	-	
Private lesson teacher:					
Address	to send payme	nt:			
 Payments can be made for lessons already taken or lessons to be taken in the future. Please drop this form in the payment box in Mr. Hile's office or email it to Mr. Hile at spencer.hile@d214.org. Please include an invoice or receipt from the private lesson instructor. Checks will be mailed within approximately 2 weeks of request. Requests may be submitted up to three times per year. Requests will not be accepted during June, July, August, and December. 					
For offi	ce use only:				
	Approved:				
	Check #:	Date: _		_	
	Date posted to Student Account:				