

**Wharton Music Center
Achievement Program Approval Form
SECOND INSTRUMENT**



Student Name _____ **Best Contact** _____
(phone OR email)

Instrument _____

Teacher/Organization Name _____
(e.g. Studio of Jane Smith or Elefante School of Music)

Teacher Signature X _____

By signing above, I certify that the student named has satisfactorily participated in private lessons during the 2014-2015 school year.

PLEASE RETURN TO Kristine.Peters@wmcmusic.org by November 3.