

Make-up Lessons Request Form

TomLeeMusic
Academy

Date of Request: _____

Student Name: _____

Program (with class time) _____

Teacher: _____

Date of Missed Lessons: _____

Date of Make-up Lessons: _____

Above make-up lessons approved by: _____

(Teachers Name printed: _____)

Please note that make-up lessons will ONLY be scheduled with attending teacher's valid signature.