

**INSTRUMENTAL MUSIC LESSONS**

**REQUEST TO TERMINATE AGREEMENT**

Pupil's Name..... Instrument.....

Please tick the appropriate box:

<input type="checkbox"/>	I would like my child to stop lessons at Autumn half term
<input type="checkbox"/>	I would like my child to stop lessons at the end of Autumn term
<input type="checkbox"/>	I would like my child to stop lessons at Spring half term
<input type="checkbox"/>	I would like my child to stop lessons at the end of Spring term
<input type="checkbox"/>	I would like my child to stop lessons at Summer half term
<input type="checkbox"/>	I would like my child to stop lessons at the end of Summer term

- I understand that I will be invoiced for the half term following the date of this request.

Signed..... (Parent/Carer) Date.....

**Please only complete and return this form when your child no longer wishes to have lessons.  
Thank you**