

PRIVATE LESSONS

Teacher assignment is made in consultation with HSA. Please circle preferred day, time and length. Call 212.926.4100 to arrange for private lesson placement.

Instrument _____

Teacher _____

Preferred day: M T W TH F S

Preferred Time: morning afternoon evening

Length: 30 min 45 min 60 min

OFFICE USE ONLY

No. of lessons _____

Room Assignment _____

Tuition \$ _____

Materials fee \$ _____

Discount \$ _____

TOTAL \$ _____

PAYMENT

Students may pay tuition in full or elect the flexibility of a payment plan which allows them to make multiple payments during the semester. The extended payment plan must be arranged in writing with the Business Manager. HSA does not accept personal checks. After your program is confirmed by the Registrar, a statement will be sent to you.

Credit or Debit Card Cash \$ _____ (in person only) Certified Check Money Order

Please charge my: Visa MasterCard Discover AMEX

Card # _____ Exp. Date _____

Name (as it appears on card) _____ Sec. Code _____

Billing Address _____

City _____ State _____ Zip _____

Cardholder Signature _____

I authorize the credit card indicated above to be automatically debited for payment of tuition balance.

Select Payment Plan (see pg. 51) Option 1: 100% Option 2: 50/50 Option 3: 8 month plan (full year only)

PAYMENT DUE

OFFICE USE ONLY

Total Tuition and Fees	\$
Late Registration: <input type="checkbox"/> Prorated Tuition Start Date: Total # Classes:	\$
Registration Fee: <input type="checkbox"/> \$40 single <input type="checkbox"/> \$50 family	\$
Payment Plan Setup Fee <input type="checkbox"/> Check if using payment plan option 3 and enter \$50	\$
Discounts: <input type="checkbox"/> 10% Sibling <input type="checkbox"/> 5% 2 nd Class <input type="checkbox"/> 10% 3 rd Class <input type="checkbox"/> 15% 4 th Class	\$
GRAND TOTAL	\$

Signature of student or parent/guardian on this form signifies registrant's agreement to abide by all regulations and financial conditions as set forth in the HSA catalog on pages 50–53. Students must be 18 years or older to sign form.

Signature _____ Date _____

OFFICE USE ONLY

Initial & Date: Entered into MB _____ Paid Reg Fee _____ Tuition Paid in Full _____ Paid First Payment _____
Entered into BB _____ Invoice Created _____