

**Santa Monica-Malibu Unified School District (SMMUSD)
Educational Services**

APPLICATION FORM – SEMI-PRIVATE MUSIC LESSONS (Instructor)

TYPE OR PRINT IN BLACK INK

Name:		
Mailing Address (include City, State, ZIP):		
Cell Phone:	Fax Number:	Email Address:

<input type="checkbox"/> VOICE	PLEASE LIST BELOW SPECIFIC INSTRUMENT(S) YOU TEACH
<input type="checkbox"/> STRINGS	
<input type="checkbox"/> WINDS	
Please indicate languages other than English in which you are fluent :	

Please note:

- Applicants shall maintain current liability insurance, insurance or a program of self -insurance acceptable to the District in its sole discretion.
- Music Lesson location must be accessible by public transportation.

All applicants must attach a copy of their most current resume and a letter of introduction along with this application.

Applicant's Signature: _____ **Date:** _____

Return completed application and resume to:

Educational Services
Santa Monica-Malibu Unified School District
1630 17th Street, Santa Monica, CA 90404
FAX: 310-255-1164
EMAIL: twhaley@smmusd.org

THANK YOU FOR APPLYING!