

REQUEST TO PARTICIPATE IN BEGINNING INSTRUMENTAL MUSIC PROGRAM

1. Student's Name: _____

School: _____ Grade: _____ Track: _____

Present Classroom Teacher: _____ Room: _____

Student's Address: _____
City zip

Hm Phone: _____ Cell Phone: _____

2. What instrument does your child want to play? _____

Parent/Guardian Signature

Student Signature

PLEASE RETURN THE COMPLETED FORM TO THE CLASSROOM TEACHER

(This section to be completed by classroom teacher.)

CLASSROOM TEACHER:

**Please rate the above student's class work and homework: (circle one)

Outstanding Above Average Average Below Average

**Please rate the above student's citizenship and responsibility: (circle one)

Outstanding Above Average Average Below Average

Teacher comments: _____

I understand students will be missing approximately one hour per week of class time and they should have a "C" average and good citizenship to be in music. (Please sign if this student has your permission to be in instrumental music)

Teacher's Signature: _____

PLEASE RETURN COMPLETED FORM TO THE SCHOOL SECRETARY OR TO THE INSTRUMENTAL MUSIC TEACHER.