

Kate M. Smith Elementary School Chorus

Application for 2018-2019

TO BE COMPLETED BY THE APPLICANT'S PARENT/GUARDIAN
Forms need to be returned by Wednesday, August 29, 2018.

Student's Name _____ Grade _____ Teacher _____

Parent's Name _____ Phone _____

Alternate Phone _____ Parent Email _____

Please list student's musical experience: _____

I understand that, if selected, my child will remain in the Ensemble for the entire duration. I also understand that my child must be able to attend all Ensemble concerts and rehearsals and must always display exemplary behavior while at an Ensemble rehearsal or function. Each child will pay \$20.00 by the first Chorus rehearsal. (Sept. 6) This will cover the music purchased for the 2018-2019 school year as well as other needed production supplies and for their Chorus T-shirts. Rehearsals are held every Thursday from 2:45-4:30pm. I understand that I must arrange pickup for my child at the front of school car riders area at 4:30pm every Thursday. I hereby give my child permission to participate in KMS Chorus for 2018-2019.

Parent's Signature _____ Date _____

TO BE COMPLETED BY THE APPLICANT'S HOMEROOM TEACHER:

*Please rate this student on the following areas of performance using the number scale below:
0=Unsatisfactory 1=Needs Improvement 2=Fair 3=Good 4=Excellent*

- 1) Listens well _____ 5) Works well with others _____
2) Follows directions _____ 6) Works independently _____
3) Practices self-control _____ 7) Respectful and courteous _____
4) Follows classroom/school rules _____

TOTAL SCORE: _____

(Applicants must score 21 or above to be considered for KMS Chorus membership)

Teacher Signature _____ Date _____