



APPLICATION FOR INSTRUMENTAL MUSIC CLASS

Student's Name (Print): _____ (First) _____ (Middle) _____ (Last)

School: _____ Grade: _____ Room: _____

Had music before: _____ If yes, when? _____ What instrument? _____ (Yes/No)

Indicate your first, second, and third choice of instruments (Number 1, 2, and 3)

Violin _____ Cello _____ Flute _____ Clarinet _____
 Trumpet _____ Trombone _____

My child has his/her own instrument. _____ (Yes/No)
 If yes, what instrument? _____

Please, only apply to the music program if you agree to the following:

I understand that students in the instrumental music program will miss approximately 45 minutes of class instruction once a week which needs to be made up by the individual.

I understand that students in the instrumental music program are expected to attend regularly, be punctual and well behaved.

I will make sure that my child will bring all needed materials to each class meeting including instrument, all music, music folder, pencils, and any special homework assignments.

I will make sure that my child practices daily for at least 15 minutes.

I understand that if the instrument is lost, stolen, or damaged, I will be responsible for paying for the replacement/repair cost of the instrument.

I understand that children in the instrumental music program have accepted a space that another child might have been given. Therefore, they are expected to participate for the entire school year.
 I understand and agree to all of the expectations for involving my child in the instrumental music program.

Print Legal Parent/Guardian Name _____

Legal Parent/Guardian Signature _____

Date _____