

Statement of Consent

Please initial each line - Due Friday, Sept. 20th

Student

Parent

_____	_____	I realize that in order to progress, I need to practice regularly - targeting 20 minutes/5 nights a week, with a practice goal each session. I also understand that I am expected to turn in weekly signed practice logs. If I have the band literature mastered, I will ask Mrs. Levine for something new and different!
_____	_____	I understand the importance of submitting evaluations on time, reading Mrs. Levine's feedback, and making improvements. I will start figuring out how to digitally record myself and then how to upload that to PSL so I'm ready for the first evaluation!
_____	_____	On band mornings, I will do my best to arrange alternate transportation (if my bus arrives after 7am) so that I can be at school by 7am and get the most out of rehearsal.
_____	_____	I understand that all boxed concerts on the calendar are mandatory and that it is important that I participate. I will mark my calendar now so I can avoid conflicts.
_____	_____	I understand that by electing to be in band, I am expected to attend band rehearsals. Unless permission has been previously granted, I cannot "skip" band to do homework, makeup work, or other activities during FLEX or other morning time. I will communicate with Mrs. Levine!
_____	_____	I understand that one of the most important contributions I can make to the band is being a cooperative and positive member. I will take this expectation seriously.
_____	_____	<u>I have read the Band Handbook in its entirety</u> and am aware of the policies and procedures of the MMS Instrumental Music Program. I am aware of the grading policies and the required supplies and book (which are due on Friday, Sept. 20 th).
_____	_____	I understand that when I turn in this form, I agree to a full-year commitment.

Student's Name (Printed)

Parent's Name (Printed)

Email Address

Student's Signature

Parent's Signature

Date

Photography - Throughout the year, the music department takes pictures of students for press releases, newsletters, etc.

Please check one of the following:

- | | | | |
|--------------------------|--|-----------|--------------|
| <input type="checkbox"/> | I grant consent for my child to be photographed, understanding that photographs are used only for public relations purposes. | With Name | Without Name |
| <input type="checkbox"/> | I do not give consent for my child to be photographed. | | |