

## ***WRSD Music Department Permission Slip***

Student Name \_\_\_\_\_ Graduation Year \_\_\_\_\_

Member of (circle all which apply): *CONCERT BAND*    *CONCERT CHOIR*    *SELECT CHOIR*

Parent/Guardian Name(s) \_\_\_\_\_

Complete Mailing Address: Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### **Acknowledgement of all WRHS Music Department Policies**

*Please initial the boxes below and sign at the bottom*

- | Student                  | Parent                   |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | We have read the WRSD Music Department Handbook and will abide by all rules and regulations  |
| <input type="checkbox"/> | <input type="checkbox"/> | We have received a WRSD Music Department Calendar and have made arrangements to attend ALL events  |
| <input type="checkbox"/> | <input type="checkbox"/> | We give our consent to have our names and pictures used in school publications such as newsletters, WRHS Music Department websites, and WRSD websites. |

*We understand that our signatures below acknowledge official receipt of all music department documents listed above, and that we have read them in their entirety, and we agree fully with all .*

Print Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_