



Advanced Choir Paperwork Packet

Please Complete and Turn Into
Ms. Parks

by August 31, 2018

\$50 CHOIR FEE AND CHOIR T-SHIRT ORDER FORM (THIS IS A NEW T-SHIRT YEAR FOR ALL)

Student Name _____

T-shirt Size (Check one)

____ Youth (L) ____ Adult (S) ____ Adult (M) ____ Adult (L) ____ Adult (XL) ____ Adult (XXL)

These T-shirts run a little small, NOT big. Please pick a t-shirt size that will fit your child correctly. If you (the parent/guardian) would like to order a choir t-shirt for yourself or your family, please indicate how many you would like of each size in the space above. Choir t-shirts are \$10 for each ADDITIONAL choir t-shirt.

SCHOLARSHIP ASSISTANCE FOR \$50 CHOIR FEE

____ I would like to donate \$ ____ for choir fees. (OPTIONAL)

Make all checks payable to the Kealing MS Choir with your child's name in the memo section of the check. If you are paying cash, you must submit the exact amount. **All checks and cash should be submitted in an envelope with your child's name on it.**

Please remember, the \$50 choir fee covers the cost of the choir T-shirt, and other expenses such as: fall social, new music, and classroom supplies. **PLEASE contact me if you feel your child needs a reduced choir fee, or a waived choir fee. If you have ANY financial concerns, please email or call me, or stop by my room.**

Please circle one:

- | | |
|----------|--|
| Option 1 | Pay all fees at once - \$50 by August 31 |
| Option 2 | Pay in two installments
1st - \$25 by August 31, 2nd - \$25 by September 17 |
| Option 3 | Request financial assistance |

Thank you for your support!

Ellie Parks
Room 230
512-387-1466
ellen.parks@austinisd.org
ellie.parks@gmail.com

Student Data Sheet

STUDENT Name (first, middle, last)	
Student ID Number	
Cell Phone (for use on field trips only)	
E-mail	
Grade	
Gender	
T-Shirt Size	
Height	
Birthdate	
Folder	
Adult 1 Information	
Adult Name (first last)	
Primary Phone	
Other Phone	
E-mail	
E-mail 2	
Relation	
Adult 2 Information	
Adult Name (first last)	
Primary Phone	
Other Phone	
E-mail	
E-mail 2	
Relation	

STUDENT (first and last named, printed)

KEALING MS CHOIR AGREEMENT AND TRIP/MEDICAL FORM

I have read and understand the Kealing MS Choir Handbook and agree to the stated requirements. I also give permission for my child to travel with the choir for all competitions, local events, and choir recreational trips during the school year. These may include, but are not limited to, Homecoming, All-City Choir, the Renaissance Festival, fine arts recruiting tour, Region Choir competition, the Pre-UIL choir festival, UIL choir competition and the Spring choir trip. While my child is in attendance at these events, I understand that my child will follow all district, school and choir policies. Failure to follow these policies will result in removal from the event/trip and possible loss of the privilege to attend future events/trips. Should my child be in need of medical attention during one of these events/trips, Ms. Parks is authorized to seek proper medical attention for my child.

Guardian Signature

Date

Emergency Contact Person (other than Parent/Guardian)

Emergency Contact Phone

Insurance Company

Insurance Company Phone

List any allergies

Kealing MS Choir Multi-media Form

INTERNAL CHOIR USE

Student images may be used for internal use for the following reasons:

- classroom video recordings used for student feedback
- video recordings of school choir concerts/performances
- group or individual photos posted in or near the choir room
- school yearbook choir photos (full name will sometimes be included)

Check below:

_____ I grant permission for my child to be photographed/video recorded as described above.

_____ I DO NOT grant permission for my child to be photographed/video recorded as described above.

KEALING MS CHOIR WEBPAGE & Twitter Account

Student images may be used for the Kealing MS Choir webpage with the understanding that your child's name will not be disclosed on the internet when photographs are posted.

Check below:

_____ I grant permission for my child to be photographed/video recorded as described above.

_____ I DO NOT grant permission for my child to be photographed/video recorded as described above.

PARENT/GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE