

Important Information for Directors

(Print complete form and return ASAP)

Dear Parent/Guardian,

You and your student have chosen to be involved in the Band/Orchestra program in Waco ISD. This year, when students decide to be involved in either band or orchestra, there is a general Course Cost that goes with the class. That cost is \$50 per student. We have three options available to pay the Course Cost. Please select one of the options below, sign, date and return this form as soon as possible.

_____ **Option 1 – “In Full” Initial Payment: \$50.00** cash or check

_____ **Option 2 – Monthly Payments: \$10.00** for September 2022 until April 2nd 2023

_____ **Option 3 – “Volunteer Service” Payment:** In cases of financial hardship, a student may complete nine (9) hours of volunteer service for the band/orchestra program during the year that is signed off on by the director.

Student Info

Student Name: _____ Student ID#: _____

Student Email: _____ Class Period: _____

Student Cell Number: (_____) _____

Student Address: _____

Guardian Info

Guardian 1 Name: _____

(Circle one) Mother, Father, Step Mother, Step Father, Grandmother, Grandfather, Aunt, Uncle, Other

Guardian Email: _____

Guardian Cell: (_____) _____

Guardian Language (s) spoken (list primary): _____

Guardian 2 Name: _____

(Circle one) Mother, Father, Step Mother, Step Father, Grandmother, Grandfather, Aunt, Uncle, Other

Guardian Email: _____

Guardian Cell: (_____) _____

Guardian Language (s) spoken (list primary): _____

Consent

Course Cost Consent

“We, the undersigned student and parent/guardian, understand and agree to the terms listed in the information above. We are aware that the Course Cost must be paid in the manner that we have chosen from the options above.”

Handbook Consent

“We have read the CCMS Band Handbook and our student has our permission to participate in the activities stated in this handbook within the guidelines described and agree to abide by the policies stated. We realize that failure to follow policies or directions will result in disciplinary action that could lead to dismissal from the Band and band classes.”

Beginner Book Consent:

“We, the undersigned, are aware that for our beginning band students to be successful, they **MUST** have an Essential Elements Book 1 (The yellow book) by Tim Lautzenheiser. The Essential Elements Beginner Book will be used for daily assignments and weekly evaluation. The book is readily available for purchase online or at our preferred local vendor and we commit to purchasing one for our students.”

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

To Be Filled Out by Parent

Waco Independent School District

Emergency Medical Release Form

Date: _____

Authorization to Consent Medical Treatment of a Minor

In case of an emergency, if I (parent/guardian) cannot be reached, please contact:

_____	_____
Contact Person	Telephone Number
_____	_____
Contact Person	Telephone Number
_____	_____
Child's Physician	Telephone Number

If your child has an existing health condition, please indicate:

Heart trouble _____	Allergies _____	Epilepsy _____
Asthma _____	Diabetes _____	Other _____

Is your son/daughter allergic to any medication? Yes _____ No _____

If yes, please list: _____

Insurance Information

_____	_____
Name of Insurance Company	Policy Number

Name of Policy Holder	

Consent

The Waco Independent School District is an educational institution in which the child named above is enrolled, and I give authority to Waco Independent School District to consent to medical treatment of the child in the event that I cannot be contacted.

I have read, understand, and agree to abide by the Student Conduct Rules and Regulations stated on the reverse side of this form.

_____	_____
Parent/Guardian Signature	Student Signature
_____	_____
Name of Policy Holder	Date