

# 2025 AASD Summer Band and Strings Ensemble

**WHAT:** Instrumental Small group instruction

**WHO:** Elementary/Middle School Band and Strings Students with at least one year of experience  
(Summer lessons are for students with prior school experience, not new students who will start in the fall)

**WHEN:** June 10- July 3 per schedule below (no lessons on June 19)

**WHERE:** Madison Middle School and Wilson Middle School

**COST:** **\$10 PER ENSEMBLE** (may pay online through the portal or due to instructor on the first day of class).

**CONTACT:** Rachel Richards [richardsrachel@aasd.k12.wi.us](mailto:richardsrachel@aasd.k12.wi.us) or (920) 852-5435 ext. 48127

**Instruction in small group is available:  
for CURRENT strings students *ENTERING* grades 5-8**

<u>School</u>	<u>Days</u>	<u>Time</u>	<u>Strings Ensemble Offering</u>
Madison Strings	MWTh	12:00-1:00 p.m.	Prelude (1 year of prior instruction)
	MWTh	1:00-2:00 p.m.	Intermezzo (2 years of prior instruction)
	MWTh	2:00-3:00 p.m.	Crescendo (3-4 years of prior instruction)
Wilson Strings	MTuTh	12:00-1:00 p.m.	Crescendo (3-4 years of prior instruction)
	MTuTh	1:00-2:00 p.m.	Intermezzo (2 years of prior instruction)
	MTuTh	2:00-3:00 p.m.	Prelude (1 year of prior instruction)
<u>School</u>	<u>Days</u>	<u>Time</u>	<u>Band Ensemble Offering</u>
Madison Band	MWTh	12:00-1:00 p.m.	Presto (2 years of prior instruction)
	MWTh	1:00-2:00 p.m.	Coda (3-4 years of prior instruction)
	MWTh	2:00-3:00 p.m.	Harmony (1 year of prior instruction)
Wilson Band	MTuTh	12:00-1:00 p.m.	Harmony (1 year of prior instruction)
	MTuTh	1:00-2:00 p.m.	Coda (3-4 years of prior instruction)
	MTuTh	2:00-3:00 p.m.	Presto (2 years of prior instruction)

## What is a small ensemble?

Small ensembles are groups of instruments scheduled with other instruments in the same “family”. A certified teacher for band or strings will teach each group. In the small ensemble, students will work on their skills by *performing with students in the same experience level*. Ensembles will be developed based upon registrations received. **Some sections may be combined.** – you will be contacted about necessary changes!

**Registration will be conducted online through the School Store on  
the Parent Portal**

[Directions for registration can be found by clicking here](#)

**\*\*Out of district or private school students:** Please complete and return the form on reverse.

**If you do not wish to use the online registration process, please complete the registration form and return.**

Please complete only if you are **NOT** using online registration!

# 2025 AASD Summer Band and Strings Ensemble Registration Form

Student Name \_\_\_\_\_ Gender \_\_\_\_M\_\_\_\_F Date Of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

My child is currently attending \_\_\_\_\_ Elementary school. Grade next Fall \_\_\_\_\_

Choice (Circle one)	Ensemble (Circle one)			Instrument
Madison Strings	Prelude	Intermezzo	Crescendo	
Wilson Strings	Prelude	Intermezzo	Crescendo	
Madison Band	Harmony	Presto	Coda	
Wilson Band	Harmony	Presto	Coda	

## **EMERGENCY INFORMATION**

In case of absence or emergency, the number to call *first* to contact a legal guardian between 12:00pm-3:00pm is: \_\_\_\_\_.

Parent/Guardian Name \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Does this student have an IEP, Building Intervention Plan, or 504 Plan? \_\_\_\_Yes \_\_\_\_No (If yes, please explain): \_\_\_\_\_

*According to WI Dept of Public Instruction, summer school classes are not tailored to implement a student's IEP.*

Special Health Concerns/Medical Diagnoses: \_\_\_\_\_

Will your child have medications at summer school? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide the name of the medication(s): \_\_\_\_\_

Reason for Medication(s) \_\_\_\_\_

Time(s) medication is administered: Routine/Daily \_\_\_\_\_

As Needed \_\_\_\_\_ Emergency \_\_\_\_\_

(Please bring any medications to the site coordinator on the first day of summer school.)

I hereby authorize summer school personnel to obtain emergency medical care for my child if needed.

Parent/Guardian \_\_\_\_\_

**Mail to: Wilson Middle School  
attn.: Rachel Richards  
225 N Badger Ave  
Appleton, WI 54914**