STUDENT NAME: _____

CMS CHOIR FORMS PACKET

2026-2027

BOTH STUDENTS AND PARENTS

SIGN AND RETURN BY

FRIDAY, AUGUST 28TH

PLEASE READ CAREFULLY

Choir Parent Form

I have always been fortunate to have parents that offer to help in any way they can. Here are a few ways you can help out throughout the year. Thank you in advance for your support of the choir program. Please check the boxes of any assistance you would like to offer.

_____Chaperoning Off Campus Events (during school hours)

By checking the box, you would like to be added to the chaperone list for Ms. Kilpatrick to call you for chaperoning opportunities that involve your child only during school hours.

_____Chaperoning Off Campus Events (outside school hours)

By checking the box, you would like to be added to the chaperone list for Ms. Kilpatrick to call you for chaperoning opportunities that involve your child only outside school hours.

_____Concert Set Up/Decorations

You would assist in decorating or setting up any concerts. Decoration set up would begin two hours before the concert start time.

_____I am not able to be put on any volunteer or chaperoning lists.

Calhoun Middle School Choir Permission Slip and Medical Form 2026-2027

My child, _____, has my permission to travel with the Calhoun Middle Choir for performances and activities during the 2026-2027 school year.

I, _____, hereby authorize the sponsor, teacher, or adult chaperone to transport my student to the emergency room and/or obtain emergency care as needed.

This student has the following:

Allergies: _____

Medications: _____

Health Concerns (if any): _____

_____

_____

_____

_____

_____

We understand that the Ouachita Parish School Board, the sponsoring organization, or the adult chaperones will not be held liable for any accident or associated expense incurred while on these excursions.

_____ _____

Parent/Guardian Signature Parent/Guardian Phone Number

_____ _____

Emergency Contact Emergency Phone

_____

Emergency Contact Relationship to Student

_____ _____

Insurance Company AND Policy Number Date

Please list any other important information or other emergency contacts regarding your student:

_____

_____

_____

_____

Recording and Photo Consent Form

I, _____, hereby authorize that my child, _____, has my permission to be photographed and recorded (audio and video) by the choir director, Naomi Kilpatrick, for various activities such as auditions, learning opportunities, yearbook, posters, etc.

_____ _____

Parent Signature Date

_____ _____

Student Signature Date

Calhoun Middle School Choir Uniform Agreement

Uniforms may be sent home with students depending on certain circumstances. These uniforms belong to the CMS Choir Program. I ask that you take care of these uniforms as we do not get new uniforms every year and must maintain these for nine or more years.

Please keep the uniforms in their uniform bags at all times when they are not being worn.

By signing below, I understand that my child will be responsible for keeping up with the uniform provided by the CMS Choir Department. Once uniforms are sent home with students, they will return the uniforms on a date appointed by Ms. Kilpatrick for a grade.

I understand that this uniform, and all its pieces, may ONLY be worn for CMS Choir events specified by the choir director, Ms. Kilpatrick.

I also understand that if I fail to return any piece of the uniform back to the CMS Choir Department, I am responsible for the replacement cost of the item(s).

_____ _____

Student Signature Date

_____ _____

Parent Signature Date

Student Information Sheet

Name: _____ Gender: _____

(First) (Middle) (Last)

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Current Grade: _____

Do you have internet access at home? _____

Birthday: _____ T-Shirt Size: _____

Primary Guardian's Name: _____

Relationship to Student: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Place of Employment: _____

Secondary Guardian's Name: _____

Relationship to Student: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Place of Employment: _____

Emergency Contact:

_____ Primary Guardian

_____ Secondary Guardian

_____ Other (If yes, fill out Other Guardian Information Below)

Other Guardian's Name: _____

Relationship to Student: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Place of Employment: _____

Any Additional Student Information:

_____

_____

_____

_____

_____

CMS Choir Audition Permission Form

***Please <u>initial</u> next to each optional choir activity that your student would like to audition for. Please take into consideration cost and dates which can be found in the Choir Contract. THIS FORM MUST BE SIGNED BEFORE THEIR AUDITION CAN BE RECORDED!**

My child has permission to audition for the following extra activities:

_____My child will **NOT** be participating in any of the below optional activities.

_____ LMEA District 1 Honor Choir

(no audition fee, held at ULM, two-day activity, Jan. 29th and 31st)

_____ACDA All-State Choir

(**$20** audition fee, **$75** registration fee, three-day activity, held in New Orleans, Oct. 15th-17th)

*Audition fee due **Friday, August 28th**.

_____ACDA Regional/National Honor Choir

(**$35** audition fee, **$135** registration fee, five-day activity, held in Minneapolis, Minnesota, March 7th-10th)

I understand that by signing, I am responsible for any expenses included in the participation of this activity. I also understand that if my child is selected for any of these activities, we **will** participate in the activity. The dates have been acknowledged, and we have no conflicts with the activity dates.

_____ _____

Parent Signature Date

_____ _____

Student Signature Date

CMS Choir Parent Handbook Acknowledgement

I have read and understand the choir handbook and the expectations listed above, and will ensure that my child fulfills these requirements as a member of the Calhoun Middle School Choir Program for the 2026-2027 school year.

_____ _____

Parent Signature Date

CMS Choir Student Handbook Acknowledgement

As a member of the Calhoun Middle School Choir, I understand that I must meet the following expectations:

1. I will come to class each day, ready to actively participate in rehearsal.

2. I will properly care for the materials provided to me by the CMS Choir Department.

3. I will demonstrate appropriate behavior at all times and will make positive contributions to the group.

4. I will pay my choir fees to cover the cost of my binder, music, materials, choir t-shirts, entry fees for festival, and other supplies needed throughout the school year.

5. I will attend all required performances, because my fellow choir members are counting on me, and because it is a required part of my choir grade.

6. I will contact the director, in advance if possible, if any emergency occurs and I am unable to attend any scheduled event, or have any questions concerning the CMS Choir.

7. I have read and understand all the policies and guidelines in the choir handbook pertaining to my membership in the CMS Choir Program for the 2026-2027 school year.

_____ _____

Student Signature Date