**Alpharetta High School Choral Department**

**Student/Parent Syllabus and Handbook Acknowledgement Form**

**2015-2016**

I, (student’s name) , have read and understand the information provided in the Alpharetta High School Choral Handbook and class syllabus. I understand that being a part of chorus means being a part of a team, and that choosing not to participate to the best of my ability will harm the entire ensemble. If I choose not to follow the rules, I agree to accept the consequences as stated in the handbook.

Student’s Name (Print): . Date: .

Student’s Name (Sign): .

I, (parent’s/guardian’s name) , have read and understand the information provided in the Alpharetta High School Choral Handbook and my child’s class syllabus. I agree to support my child in his/her participation in chorus and to provide my assistance when and where I can. If my child chooses not to follow the rules, I agree to accept the consequences they will receive as stated in the handbook.

Parent’s/Guardian’s Signature: Date: .

I have filled out and attached the Acknowledgement Form, Information Sheet, and Medical Form.

I would like to learn more on how I can volunteer. (Ex. Chaperoning, helping measure students for uniforms, handing out programs at concerts, etc.)

I allow my child to be featured on the AHS Chorus website, the AHS website, local newspapers, YouTube, or other media outlets by name, photograph, or video/audio file. (Must have both parent and student approval).

If you do **NOT** want to receive text message (Remind 101) updates when important dates/payments are coming up, please check this box.

I have attached a check/cash for $70 for this year’s chorus dues. (Checks made out to AHS Chorus)

**Alpharetta High School Choral Department**

**Information Sheet**

**2015-2016**

*This information will be strictly confidential.*

Student’s Full Name

Mailing Address City, Zip

Date of Birth Age Cell Phone

E-mail T-Shirt Size

Parent/Guardian Relation

Work/Cell E-mail

Parent/Guardian Relation

Work/Cell E-mail

Student Schedule:

Period 1:

Period 2:

Period 3:

Period 4:

Period 5:

Period 6:

**Alpharetta High School Choral Department - Medical Form**

**2015-2016**

*This information will be strictly confidential, and will only be used for trips or in case of an emergency.*

Student’s Full Name

Mailing Address City, Zip

Date of Birth Age Cell Phone

**EMERGENCY CONTACT PERSON:**

Parent/Guardian: Relation:

Home/Cell:

Additional Emergency Contact Name:

Relation Home/Cell:

Allergies to food or drugs:

Medications or Special Information:

Family Physician: Phone:

I certify that my child is covered by the following insurance:

Policy Number Carrier

**\*\*\*Please attach a copy (front and back) of health insurance card and return with this form.**

I, the undersigned, parent or legal guardian of , a minor, do hereby give permission for him/her to participate in Chorus activities outside the school day, throughout the 2014-2015 school year. I release the director and chaperones from liability in the event of an accident. I give permission for the director and/or chaperones to seek medical treatment for my child in the event that a parent cannot be reached.

Parent/Guardian Signature: Date:

**Alpharetta High School Choral Department**

**Payment Plan Request Form**

**2015-2016**

*This information will be strictly confidential.*

*This form is to be filled out by the person paying for the dues – parent/guardian or student.*

I, , am requesting to use the payment plan to pay for my/my child’s yearly dues.

I would like to pay:

$20 per week

$15 per week

$10 per week

$5 per week

I understand that this payment plan is giving me the opportunity to pay my/my child’s dues at a rate that is comfortable for me. I am aware that I am still responsible for paying the full amount.

Full name: .

Signature: .

Date: .