

Name: _____

Class Period 2 3 4 5 6 7
(Circle one)

Return this packet with ALL pages completed and signed, with choir fees in the attached envelope by **THURSDAY, AUGUST, 25th**. This is a grade. Don't be late!

HOW TO TURN IN THIS PACKET AND MONEY!!!

Choir fees, t-shirt money, trip payments, etc. can only be paid with **CASH, MONEY ORDER OR CREDIT CARD**. Once you are in our Charms system, you should make CC payments directly in Charms.
(SHS Choir never accepts checks.)

If paying with CASH or MONEY ORDER complete the attached envelope, place payment inside and seal the envelope.

Do not remove or detach any pages of this packet or the envelope.

If paying online using Charms, please write on the front of the envelope "PAID \$____ IN CHARMS". Make sure your name is on the envelope.

** Money concerns should be directed to your student's director by email or telephone directly from the parent/guardian on or before the due date. Verbal messages sent with a student will not be returned.*

**** Failure to turn in the forms by the due date could result in the student being dropped from the choral program.***

PRIVATE VOICE LESSON ENROLLMENT (optional)

If you are enrolling in the Spring ISD voice lesson program *for the first time*, attach a deposit CHECK for \$60.00 made payable to Spring Enrichment Fund along with the completed voice lesson application at the back of this packet. That application and deposit check will be removed by an SHS director and forwarded to the SISD office.

****Scholarship students are responsible for the \$60 deposit.**

All policies and forms referenced in this packet are available for parents to view/download at our website (www.springchoir.com). If you do not have internet access and/or you would like a hard copy of the choir handbook, please let a choir director know and we will be happy to send one home.

SPRING HS CHOIR FEES

PLEASE READ: Choir Student fees for the 2022-2023 school year cover uniform hemming, repair and cleaning of the uniform (at the end of the year), supplies, music, and a choir shirt. As per the Spring ISD Program of Studies, all choir students must pay the appropriate choir fee in order to participate in choir. Choir T-shirts are worn throughout the school year on designated days and for various activities. Shirts are available in the choir room and will be delivered to your student during his/her choir class period.

X _____ X _____ Class Period: X 2 3 4 5 6 7
Student Last Name First Name (circle one)

CHOIR FEE – Mandatory for ALL CHOIR STUDENTS – \$50.00 = _____

Student T-Shirt Size (unisex): S M L XL XXL XXXL
(Please circle a size for the Student - required and included in fee)

District Audition Fee (REQUIRED ONLY if auditioning for district, including ALL Chamber Choir members) \$20.00 = _____

Chamber Choir Shirt (REQUIRED ONLY for NEW Chamber Choir members) \$25.00 = _____

EXTRA Choir t-shirt/sweatshirt order: (PARENTS/SIBLINGS MAY PURCHASE ADDITIONAL CHOIR T-SHIRTS and/or SWEATSHIRTS)

THESE EXTRA ITEMS MUST BE PAID FOR BEFOREHAND OR THEY WON'T BE ORDERED.

Spring Choir T-Shirt S M L XL XXL _____ x \$15.00 = \$ _____
(circle a size for additional shirts)

Spring Choir Hoodie S M L XL XXL _____ x \$30.00 = \$ _____
(circle a size for sweatshirt)

TOTAL PAID: \$ _____

Payment Options:

CASH OR MONEY ORDER: Fill out an envelope and drop in the Choir safe Remember: WE CANNOT ACCEPT CHECKS.

PAYING ONLINE: Go to charmsoffice.com & click on "Login". Click on "Parents/Students/Members. School Code: springchoir Student Area Passcode: your Student ID# (NO letters)

If you can't remember your password you will have to reset it yourself. Please remember that there is a \$5 charge for paying online.

CASH APP: \$springhschoir

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If you are having trouble paying the Choir Fee online through CHARMS, please email shicks1@springisd.org AND jmelanco@springisd.org for assistance.

* COMPLETE ALL BLANKS

STUDENT/PARENT CONTACT INFORMATION

Print clearly/neatly and fill in EVERY blank. Write "N/A" in the blanks for which you have no info.

Student Information:

Class Period: 1 2 3 4 5 6

(Circle one)

Name _____ Student ID #: _____
Last First

Mailing Address _____

City _____ State TX Zip Code _____

Home Phone # (if you have a landline) _____

Student Cell Phone _____ Student School Email _____

Birthday _____ Student Height _____ ft _____ inches
(ex: 1/1/1996)

Parent/Guardian Information:

1. Parent/Guardian Name _____

Best Phone Contact _____ Home Work Cell

Alternate Phone Number _____ Home Work Cell

**Parent Email: _____

2. Parent/Guardian Name _____

Best Phone Contact _____ Home Work Cell

Alternate Phone Number _____ Home Work Cell

**Parent Email: _____

PARENTS:

In an effort to provide the most effective director-to-parent communication, please make sure you always have CURRENT CONTACT INFO on file with the SHS front office, so you can receive these messages. These messages will always be choir-related. PLEASE make sure you listen to these messages! Additionally, we have our own text messaging system that we use a few times per semester. Those messages will also be only choir-related only.

**COMPLETE ALL BLANKS*

MEDICAL RELEASE FORM

Print clearly/neatly and fill in EVERY blank. Write "N/A" in the blanks for which you have no info.

Name _____
Last First

Student ID #: _____

Class Period: 1 2 3 4 5 6
(Circle one)

Home Address _____

City _____

Student Cell _____

Name of Parent or Guardian _____

Parent Cell _____

Work Phone # _____

Person to contact in case of an emergency _____

Phone # _____

Name of Insurance Company _____

Policy # _____

Name of Physician _____

Phone # _____

The parents or guardian of each student attending school related events hereby grants the sponsor or other persons in charge permission to obtain medical help, if needed, and release the school and sponsor from liability for any occurrence in relation to said activities.

X _____
Signature of Student

X _____
Date

X _____
Signature of Parent or Guardian

X _____
Date

*** List any prescription medications and dosage which you are required to take on a DAILY BASIS:

1. _____
2. _____
3. _____
4. _____

PARENT AND STUDENT ACKNOWLEDGEMENT FORM & CONTRACT

Please read all of the following carefully and then sign below.

Guidelines:

We understand the expectations, grading, attendance, and eligibility policies required for being a member of the SHS choir department as outlined by choral directors. As the student, I understand what is expected of me as a member of the Spring Choral Department and agree to maintain the tradition of high musical standards. As a parent, I understand what is expected of my student and will help him/her follow the guidelines as outlined. We understand that failure to follow these guidelines may result in the student's dismissal from the organization. We understand that successful organizations require teamwork between school (teachers), students and parents.

Uniform (cost of replacement):

We understand that the choir fee must be paid before a uniform will be issued, this will help cover hemming and minor repairs and dry cleaning at the end of the year. We will be responsible for the up-keep and return of the choir uniform. We understand that the **replacement** cost of the uniform is as follows and we agree to make any financial restitution, if required.

Concert Women, Bella Voce, and A Cappella Women:	\$80.00
Concert Men:	\$120.00
Chorale Men:	\$140.00
Chorale Women:	\$80.00 (dress replacement) \$15.00 (jewelry replacement)

We understand that in order for students to clear their records and have no holds before graduation, we are responsible for having the dress/tux returned with the student's name on it and in good condition by the due date at the end of the year as determined by the directors.

Fundraising (check one):

Yes, my student will fundraise with post-paid products. No, my student will NOT fundraise with post-paid products.

If we check yes above, we agree to all of the rules regarding fund-raising for the Spring High School choral department. We will meet deadlines for order forms, collecting money, and returning money in **cash or money order** to clear our records. If we fail to return money owed, a hold will be placed on our students' account that will impact whether or not they can walk at graduation. We understand that we are financially responsible for all fundraisers that we participate in and that if we do not meet payment deadlines, we may forfeit the opportunity to participate in the trips/activities by the choir and further fund-raising opportunities. Finally, we understand that **fund-raising is NOT a requirement to be in choir.**

X 3rd Pd

VARSITY MIXED CHOIR (Chorale) & Students Auditioning for District (check one):

___ Yes, my student may provide his/her own transportation to and/or from approved events.

___ No, my student may not provide his/her own transportation to and/or from approved events. His/her parent or guardian is the only individual allowed to provide transportation to and/or from these approved events where the district does not provide transportation.

___ No, this section is not applicable to my student.

We understand that transportation is not always provided for all specialty events such as elements of the All-State choir audition process. By checking yes above, we give our consent and permission to allow this student to provide his or her own transportation to these approved choir events. By checking yes, it is understood that SISD will not assume any responsibility in case of an accident, injury or other loss associated with transportation to the off-campus, school-approved facility for practice purposes. We hereby release the SISD, its trustees, officers, employees, or agents from any and all liability and any responsibility in connection with such trips, and we agree to indemnify and hold harmless all said parties from claims hereafter made by or asserted on behalf of the above named student or asserted by or on behalf of any other person where such claims arise out of an accident, injury, or loss, associated with transportation to or from off-campus, school-approved facilities.

X **Photo/Video Release for Spring HS Choir (check one):**

___ YES, we give our permission for the Spring Independent School District or Spring High School Choir to photograph/video and/or use a photograph of my child in publications, news releases, on the District web page, and/or for training purposes. THE STUDENT'S NAME WILL NEVER BE LISTED ON THE CHOIR WEB PAGE WITH THEIR PHOTO.

___ NO, we do not give our permission for the Spring Independent School District or Spring HS Choir to photograph/video and/or use a photograph of my child in publications, news releases, on the District web page, and/or for training purposes. We understand that my student will not be allowed in any special group photos throughout the year and will be asked to step away when these photos are taken.

Field Trip Authorization Form:

We understand that choir students complete one authorization form for the year which covers all approved choir activities as listed on the approved choir calendar of events. This form (Form E) is provided in this packet. We understand that parents/guardians of Spring HS choir students reserve the right to amend or revoke this form at any time by providing a written request to the Spring HS choir staff.

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We have read, completed, and understand all of the information listed on both sides of this form. We understand that we may update this form at any time by requesting that the old form be revoked in writing and completing a new agreement form.

X Please Print: _____
Student Last Name

X _____
First Name

Class Period: 1 2 3 4 5 6
(Circle one)

Please Sign:

X _____
Student Signature

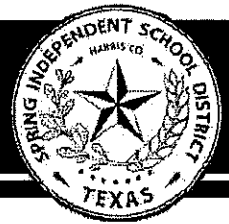
X _____
Date

X _____
Parent Signature

X _____
Date

Spring Independent School District – Office of School Leadership

16717 Ella Blvd. • Houston, Texas 77090 • Tel. 281.891.6397



Complete every "X"

FORMLE

FIELD TRIP PARENT/GUARDIAN PERMISSION & MEDICAL INFORMATION

ACKNOWLEDGMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN FIELD TRIP OR OUT-OF-SCHOOL ACTIVITY

I, _____ agree to allow my son or daughter,
(parent/guardian signature)

_____, to attend the following field trip or out of school activity.
(student's name)

Destination/Detailed Description Of Activity and Educational Purpose:

Approved destination w/ Spring HS Choir for 2022-2023 School year.

Date of field trip/activity:

Time of departure:

Time of return:

Approved FT dates | Approved FT dep. time | Approved FT return time

Group/Class/School Club:

Spring HS Choir

Sponsor of the field trip/activity:

Stephanie Hicks/Jess Melancon

Transportation Being Provided (Check all that apply.):

- School Bus Commercial/Charter Bus Public Transportation Personal Vehicle Leased Vehicle
 None (provide your own or none needed)

Drivers of Private or Leased Vehicles (Check all that apply.)

- Teacher or Staff Member Parent Student Other Adult

Health Services

Will your child require the administration of any medication or medical procedure while on the field trip?

Yes No

If yes, please indicate the medication(s) and/or procedure(s) with times for administration:

Medication/Procedure:

Time:

Student Agreement

While participating on this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Student's Signature: _____ Date: _____

This is to certify that I authorize the Superintendent or a designated representative to secure any and all emergency medical care and treatment for my child for acute illness suffered or injury sustained while participating in this trip or activity. I understand that, while student safety is a high priority for the District, under State law, the school is not responsible for medical costs associated with student injury.

In consideration for my child's participation in the above-described field trip or activity, I expressly hold harmless from and waive against the District, its Trustees, employees, agents, and assigns, any and all claims for medical expenses, loss of services, injury to person or property, death, or other claims, actions, or liabilities made against it or them on behalf of my child, regardless of the cause of such claims, actions, or liabilities or any concurrent or contributing fault or negligence of it or them as such may result from my child's participation in the trip or activity.

In further consideration for my child's participation in the above-described field trip or activity, I also agree to indemnify and hold harmless the District, its Trustees, employees, agents, and assigns, from and against any and all suits, actions, losses, damages, claims, or liabilities of any character, type, or description, including attorney's fees and court costs, made by third parties against it or them which may result from my child's participation in the trip or activity. I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity, which it or they have under Texas law. I have read and understand this release and sign it voluntarily and with full knowledge of its significance.

Signature of Parent/Guardian:

Date:

Daytime phone:

Emergency contact:

Phone:

