

Sterling Choir

Forms and Fees Packet

Fee Checklist:

Operating Fee - \$30	_____	Mandatory
Choir T-Shirt - \$15	_____	Mandatory
Booster Membership -\$20	_____	Optional (MUST BE SEPARATE, Checks made out to Sterling Choir Booster Club)

Forms Checklist:

Drug Test Form	_____	Required
Acknowledgement Form	_____	Required
Medical Release Form	_____	Required
Uniform Contract	_____	Required
Travel Permission Form	_____	Required
Photo Release	_____	Required
Booster Club Membership	_____	Optional
Voice Academy Private Lesson Form	_____	Optional

ALL FORMS DUE AUGUST 23, 2019

ALL FEES DUE AUGUST 30, 2019

Parent Meeting following Open House August 22, 2019

Goose Creek Consolidated Independent School District Student and Parent/Guardian Consent to Random Drug Testing

Print Student's Name	Grade Level	Gender	Student ID Number
Name of Parent/Guardian	Telephone Number		
Please list any/all extracurricular activities you intend to participate in			
Applying for a Parking Permit? (please circle) Yes No (if yes, please complete following items below)			
Parking Permit# (Office use only)	Student's Driver's License Number		
Automobile Insurance Company	Automobile Insurance Policy Number		

Participation
Participation in extracurricular activities and/or parking on campus in Goose Creek Consolidated Independent School District is a privilege. These students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use of illegal drugs, performance-enhancing drugs, and/or alcohol. Each student who participates in extracurricular activities and/or parking permit privileges shall be provided with written information regarding the District's random drug testing procedures and a Student and Parent/Guardian Consent to Random Drug Testing form, which shall be read, signed, and dated by the student and/or person otherwise in lawful control of the student. No student shall be allowed to practice or participate in any extracurricular activities and/or parking permit privileges until the Student and Parent/Guardian Consent to Random Drug Testing form is properly signed and returned.

Student Authorization
I understand after having read the information regarding the District's random drug testing, that, out of care for my health and safety and that of other students, the District will enforce the rules applying to the use of illegal drugs, performance-enhancing drugs, and/or alcohol. If I choose to violate the random drug testing policy any time while I am involved in any activity, including in-season and off-season activities, and/or parking permit privileges, I understand upon determination of that violation, I will be subject to restrictions as outlined in the random drug testing policy.

Student Signature	Date
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Parent/Guardian Authorization
I have read and understand the District's random drug testing policy. As the parent and/or person otherwise in lawful control of the above-named student, I desire that he/she participate in the extracurricular activities and/or parking permit privileges of the District, as a condition of this voluntary participation agree to be subject to the terms of the random drug testing procedures. I accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. I further agree and consent to the disclosure if the sampling, testing, results, and restrictions as provided in this program.

Parent/Guardian Signature	Date
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White Copy: School
Yellow Copy: Parent, Student

Sterling Choir Handbook Acknowledgement Form

The RSS Choir Handbook can be found online at
<https://sites.google.com/view/rangerchoir/home>

(Please check one of the following)

_____ I will read the Choir Handbook online.

_____ I would like to request a hard copy of the Choir Handbook.

Mandatory Choir Fees

\$30 Operating Fee (uniforms, music, etc.)

\$15 Choir Shirt (New Design)

We have read the contents of the handbook and understand all policies stated within.

Printed Name of Student

Printed Name of Family Representative

Signature of Student

Signature of Family Representative

Date

Date

Ross S. Sterling Choir
Student Information/Medical Release
2018-19

Student name: _____

Family Representative: _____ Daytime phone: _____

Family Home Phone: _____
Email: _____

Need a translator? Please indicate language: _____

Student health information

Health problems to be aware of: _____

Allergies: _____

Medications (prescription): _____

Medications (OTC): _____

In Case of Emergency (Alternate contact to parent/guardian)

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician: _____ Phone: _____

I verify that all information on this document is true and accurate to the best of my abilities. Authorization is hereby given for administration of any medical treatment deemed necessary during any orchestra event. Such treatment will only be administered by a medical professional. We agree to accept responsibility for all doctor, hospital, and medical expenses incurred during Orchestra activities.

Student Signature: _____

Parent Signature: _____

Sterling Choir Uniform Contract

This form serves as my acknowledgment of my responsibility in the care of the uniform issued by the RSS Choral Department and GCCISD to my student,

_____.

I understand that an operating fee of \$30 charge for all students must be paid before a uniform will be issued. I understand that my student is to attend all rehearsals, concerts, or other activities of the choral department. I also understand that the replacement cost of the uniform is as follows and I agree to make any financial restitution if lost or damaged.

Treble Voice

Dress: \$125.00

Tenor/Bass Voice

Tux Jacket: \$99.00

Tux pants: \$45.00

Bow Tie/Cummerbund: \$20.00

I will be responsible for the up-keep and return of my choir uniform. I understand that in order for my student to clear their record of the choral department: I am responsible for having the uniform returned with the student's name on it and in good condition by the due date determined by the director.

Printed Name of Student

Printed Name of Family Representative

Signature of Student

Signature of Family Representative

Check# _____ Cash _____

Travel Permission Form (General)
Required

Date: _____

We, the parents/guardians have given permission for our child,

to make any trips necessary for participation in the activities of the Ross S. Sterling Choir program. We understand that our child will be travelling by means of Goose Creek C.I.S.D transportation. Our child has assured us that they will conduct themselves in such a way as to give credit to our school and community. We know each trip is an approved school trip and we understand that school rules of conduct will apply throughout each trip. It is understood that precautions will be taken in the interest of the students' safety and well-being. We agree that the faculty members, sponsors, and other adult chaperones will not be held responsible for any accident or misfortune which might occur in connections with any trip. The faculty member or sponsor has my consent to give permission for any emergency medical treatment needed for my child. Any failure to comply with trip rules will result in immediate disciplinary action as deemed by the school administration. You may be assured that my child is allowed to take each trip with our full consent.

Printed Name of Family Representative

Signature of Family Representative

As a Choir student, I have read this and will abide by these requirements.

Printed Name of Student

Signature of Student

GOOSE CREEK CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
Baytown, Texas

PHOTO RELEASE FORM

The Goose Creek Consolidated Independent School District has my consent to make (or authorize the making of) a photograph or videotape of my child for any lawful purpose without further notice to me (§26.009 of the Texas Education Code). I also give the District my consent to record (or authorize the recording of) my child's voice without further notice to me.

I also agree to hold harmless the Goose Creek CISD (including its Board of Trustees, agents, officers, employees, contractors, attorneys, and others representing the District) from any claims or causes of action directly or indirectly related to photographing, videotaping, or audio-taping of my child.

I do hereby waive all residual rights or claims, monetary or otherwise, that might arise as a result of any lawful use of the above-described material and do hereby grant permission for the use of such material for any lawful purpose.

Please check and sign below:

_____ Yes, my child may be photographed, videotaped, or audio-taped.

Printed Name of Student

School

Signature of Family Representative

Date

**Sterling Choir Booster Club
Membership Form**

Student name: _____

Family Representative: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Preferred contact method: _____

I am willing to help in the following ways (check all that apply):

_____ Volunteering Time

_____ Fundraising

_____ Food Preparation

_____ Serving in Leadership

_____ Other

Printed Name of Family Representative

Signature of Family Representative

Sterling Vocal Academy

(Optional Form)

Do you like to sing and perform?

Are you interested in furthering your vocal technique, stage presence, and confidence?

Then consider:

Private Voice Lessons

- Once a week, preparing for UIL Solo Contest in February
 - \$25 per lesson (\$100 per month)

(Students are required to pay one month in advance and commit to lessons for a full school year.)

Print Name of Student

Phone Number

Signature of Family Representative

Email of Family Representative

Indicate all times you are available each day of the week:

Monday_____

Tuesday_____

Wednesday_____

Thursday_____

Have you taken private voice lessons previously? Yes No (circle one)

If yes, with whom did you study privately?_____

Do you want to remain with this teacher? _____