

ACKNOWLEDGEMENT OF RECEIPT OF TCHS CHOIR HANDBOOK

PARENT/GUARDIAN ACKNOWLEDGEMENT

The Texas City High School Choir Handbook contains important information about the Choir Program. I hereby acknowledge that I have read through the 2019-2020 Texas City High School Choir Handbook and will abide by the procedures and guidelines laid forth by the directors. I recognize that my student is expected to be on time for all classes/after-school rehearsals/concerts, prepared for rehearsals with all materials, must maintain academic eligibility, and must abide by the TCHS Code of Conduct. I also recognize that my student and I are responsible for the annual general choir fees, as laid out in the handbook.

I understand that all consequences concerning attendance, financial responsibility, eligibility, rehearsal, and performance requirements stated in the handbook will be applied to my student, if he/she does not meet these standards.

Parent Signature

____/____/____

Date

STUDENT ACKNOWLEDGEMENT

The Texas City High School Choir Handbook contains important information about the Choir Program. I hereby acknowledge that I have read through the 2019-2020 Texas City High School Choir Handbook and will abide by the procedures and guidelines laid forth by the directors. I recognize that I am expected to be on time for all classes/after-school rehearsals/concerts, prepared for rehearsals with all materials, must maintain academic eligibility, and must abide by the TCHS Code of Conduct. I also recognize that I am responsible for the annual general choir fees, as laid out in the handbook.

I understand that all consequences concerning attendance, financial responsibility, eligibility, rehearsal, and performance requirements stated in the handbook will be applied to me if I do not meet these standards.

Student Signature

____/____/____

Date

GENERAL CHOIR FEES AGREEMENT

Student Name: _____

Parent Signature: _____ Date: ____ / ____ / ____

Please select Payment Option #1 or Option #2 by initialing the designated box.

Option #1: to be paid NO LATER than October 1st

Choir Fee Payment Option #1	Total
TCISD "Participation Fee" (May be paid through participation in athletics, band, cheer, etc.)	\$25.00
Choir Fee*	\$25.00
Choir T-Shirts ('19- '20 Choir Shirt and '20 Spring Show Shirt)	\$15.00
Fee Total (Due by October 1st, 2019)	\$65.00

Option #2 to be paid NO LATER than October 1st

Choir Fee Payment Option #2 – Buy-out (no fundraising required)	Total
TCISD "Participation Fee" (May be paid through participation in athletics, band, cheer, etc.)	\$25.00
Choir Fee	\$25.00
Choir T-Shirts ('18- '19 Choir Shirt and '19 Spring Show Shirt)	\$15.00
Buy-Out (student is not required to fundraise)	\$150.00
Fee Total (Due by October 1st, 2019)	\$215.00

Please initial this box **ONLY** if you have already or will pay the TCISD Participation Fee at the fieldhouse or with another TCHS Organization.

	Total
Option #1 Total (TCISD Participation Fee paid separately) (Due by October 1 st , 2019)	\$40.00
Option #2 Total (TCISD Participation Fee paid separately) (Due by October 1 st , 2019)	\$190.00

**Financial Obligations/Fundraising Commitment Form
Texas City High School Choral Department**

Please PRINT

Last Name

First Name

Choir Period

I agree to all of the financial/fundraising rules and regulations of the Texas City High School Choral Department. I will meet deadlines for order forms, collecting money, and returning money/clearing my records. I understand that if I do not meet these deadlines, I will forfeit the opportunity to participate in the trips/activities by the choir and further fundraising opportunities. I also understand that in order for the choirs to be successful and competitive participation by **CHOIR MEMBERS** is essential.

Student Signature

I will support my child/student in the Texas City High School Choral Department by way of paying fees, and or fundraising. I will be responsible for helping them meet deadlines and will be responsible for all money owed to the Choir Department or Choir Booster Club. I also understand the Texas City ISD policy which states that any profits earned from fund-raising can NOT be refunded to my child/student. My child/student can earn a percentage of the money needed to attend trips, if they take advantage of the many fundraising opportunities provided by the booster club or general choir. I also understand that when my child/student participates in extra-curricular activities such as a trip, they grow, mature, and gain invaluable educational experiences not afforded to students who do not participate in extracurricular activities. Support of my student will help them to become a more responsible adult.

I also understand that I may turn in CASH, CHECKS, CASHIER OR BANK CHECKS, OR MONEY ORDERS made out to **Texas City High School Choir** for ALL fundraisers or financial responsibilities except the UIL Fee/TCISD Participation fee.

Parent Signature

TEXAS CITY HIGH SCHOOL

CHOIR DEPARTMENT

2019-2020

Code of Conduct

Your Commitment

Membership in the Texas City HS Choir Department offers many valuable and personal learning experiences. Therefore, it requires that each student accept a large amount of responsibility. You have chosen to be a member of the Texas City HS Choir Department. Membership in this organization carries with it many extra privileges as well as extra duties and responsibilities. According to UIL, it is not your "right" to participate; it IS a "privilege." Only your best is good enough for this program. This applies to everything you do: conduct, attitude, effort, cooperation, participation, and your contribution to the choir as a whole.

You are expected.....

1. To uphold my responsibility as a member of the TCHS Choir Department by following the rules and guidelines of this organization.
2. To arrive at rehearsal on time with my music, a pencil and a good attitude. Gum chewing will not be allowed at any time.
3. To be responsible for keeping all dates and attend all scheduled performances, rehearsals and sectionals unless excused IN ADVANCE by my director. (see excused absences pg.2)
4. To understand that the only excused absences are illness or family emergency.
5. To understand that my grade in choir will be determined by the Major Minor Rubric(see pg.3)
6. To attend class and participate daily.
7. To concentrate on my academic classes so that I can maintain UIL eligibility.

Student Signature _____

____ I have read the TCHS Choir Handbook and the Student Code of Conduct. I am aware of the expectations for my child's participation in the TCHS Choral Program

Parent Signature _____

TEXAS CITY HIGH SCHOOL CHOIR
MEDICAL INFORMATION CERTIFICATE
 2019-2020

PLEASE PRINT

Student's Name _____ Sex M F Age _____
Last First Middle

Parent's Name _____ Student's Date of Birth _____ Grade _____

Parent's Home Telephone _____ Parent's Work Telephone _____

Address _____
Street City State Zip Code

Persons to be contacted in case of emergency (we will use this order until one is found)
 (Legal Aged Adult/Relationship)

1. _____ Phone #1 (____) _____ Phone #2 (____) _____
 2. _____ Phone #1 (____) _____ Phone #2 (____) _____
 3. _____ Phone #1 (____) _____ Phone #2 (____) _____

Insurance Company _____ Policy Number _____
 ID # _____ Group # _____

TO BE COMPLETED BY PARENT OR GUARDIAN

Name of Physician _____ Telephone _____

Does the student have any previous history of:		YES	NO		YES	NO
Bleeding tendencies	<input type="checkbox"/>	<input type="checkbox"/>		Now under a physician's care?	<input type="checkbox"/>	<input type="checkbox"/>
Head injuries, seizures, unconsciousness, Concussion or convulsion	<input type="checkbox"/>	<input type="checkbox"/>		Date of last tetanus shot? _____		
Asthma	<input type="checkbox"/>	<input type="checkbox"/>		Allergy	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>		Neck injury	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>		Bone and/or joint injury or	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>		Disease	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell Anemia	<input type="checkbox"/>	<input type="checkbox"/>		Diabetes (Type ____)	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease and/or injury	<input type="checkbox"/>	<input type="checkbox"/>				
Kidney, Lung, or Eye removed or Nonfunctioning	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>		Surgical Operation	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>		Allergy to medication	<input type="checkbox"/>	<input type="checkbox"/>
Skin Disease	<input type="checkbox"/>	<input type="checkbox"/>		Contact Lenses/Glasses	<input type="checkbox"/>	<input type="checkbox"/>
Is student taking medication regularly?	<input type="checkbox"/>	<input type="checkbox"/>				

Explain any "yes" answers _____

Please list all medications and any illness not listed above requiring medication being taken at the present time _____

May we administer a non-prescription drug, if we deem it necessary? Y ___ N ___ (preferred type _____)
 I hereby consent for medical care to be given to _____ in case of an emergency.

 Parent/Guardian Signature Date



TEXAS CITY INDEPENDENT SCHOOL DISTRICT
Performing and Visual Arts

1700 Ninth Avenue North Texas City, Texas 77590 Telephone: (409) 916-0152 Fax: (409) 944-1601

2019-2020

PARENT PERMISSION FOR RELEASE OF STUDENT
INFORMATION FOR SCHOOL-SPONSORED PURPOSES

The District often requires the use of student information for the following school-sponsored purposes: student directory, yearbook, co-curricular and extra-curricular programs, photographs, television, school and community publications, and the webpage.

For these specific school-sponsored purposes, the District would like to use the student's name and/or photograph, to promote honors and awards received in our program.

_____ **YES, I DO GIVE** the Texas City ISD Performing and Visual Arts permission to release the information as listed in the above notice.

_____ **NO, I DO NOT GIVE** the Texas City ISD Performing and Visual Arts permission to release the information as listed in the above notice.

Student Name _____
(Please Print)

ID# _____ Grade _____

Parent Signature _____ Date _____



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1700 Ninth Avenue North Texas City, Texas 77590 Telephone: (409) 916-0152 Fax: (409) 944-1601

2019-2020

Permiso de los Padres para Publicar la Información de los Estudiantes para los Propósitos Patrocinados por la Escuela

El distrito se requiere el uso de la información del estudiante para los propósitos patrocinados por la escuela: directorio de los estudiantes, anuario, programas extracurriculares, fotografías, televisión, la escuela y las publicaciones comunales, y el internet.

Para estos propósitos específicos patrocinados por la escuela, el distrito le gustaría usar el nombre del estudiante y/o fotografía, para promover honores y premios recibidos en nuestro programa.

_____ **SI, YO DOY PERMISO** a Texas City ISD Departamento de Artes para soltar la información tan listado en el anuncio anterior.

_____ **NO, YO NO DOY PERMISO** a Texas City ISD Departamento de Artes para soltar la información tan listado en el anuncio anterior.

Nombre de Estudiante _____
(Letras de Imprenta)

ID# _____ Grado _____

Firma de Padre _____ Fecha _____