BL GRAY JUNIOR HIGH SCHOOL CHOIR

STUDENT HANDBOOK

2018-2019

Tim Watkins, Choir Director

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Introduction

Welcome to another great year at BL Gray Junior High School Choir! We are excited to get the year started with a fantastic group of students. Our choir department has so much to offer all who are a part of it. Music is a vital part of everyone's life, and there is much evidence to support that participating in music stimulates the brain and increases a person's intelligence.

Our choir department offers the following benefits (as well as many more!) to its members:

- Performances of a Lifetime
- Lifelong Friendships
- Competitions
- A Place to "Belong"
- Annual Trips

We hope your experience this year will prove to be fun, educational, and stimulating!

Dues

There is no official charge to participate in choir, however, there are a few items that will cost a nominal fee:

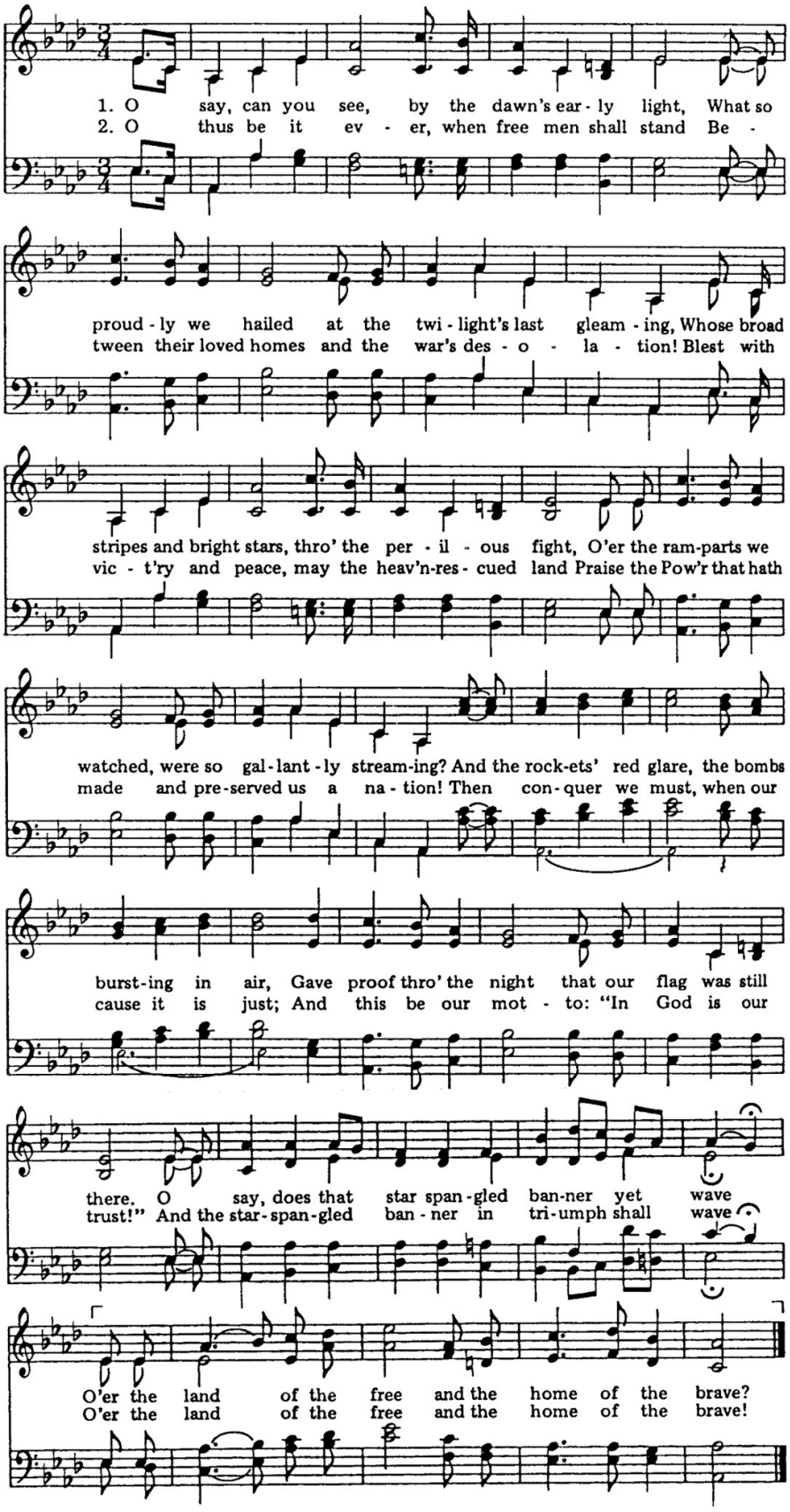
1. Choir T-shirts – approximately $10
2. Spring Trip – (if intending to go) approximately $100, any more should be covered by fundraising
3. Lost or destroyed music – the cost to replace the music.
4. $15 for choir outfit cleaning (or get it cleaned on your own).

Choir Calendar
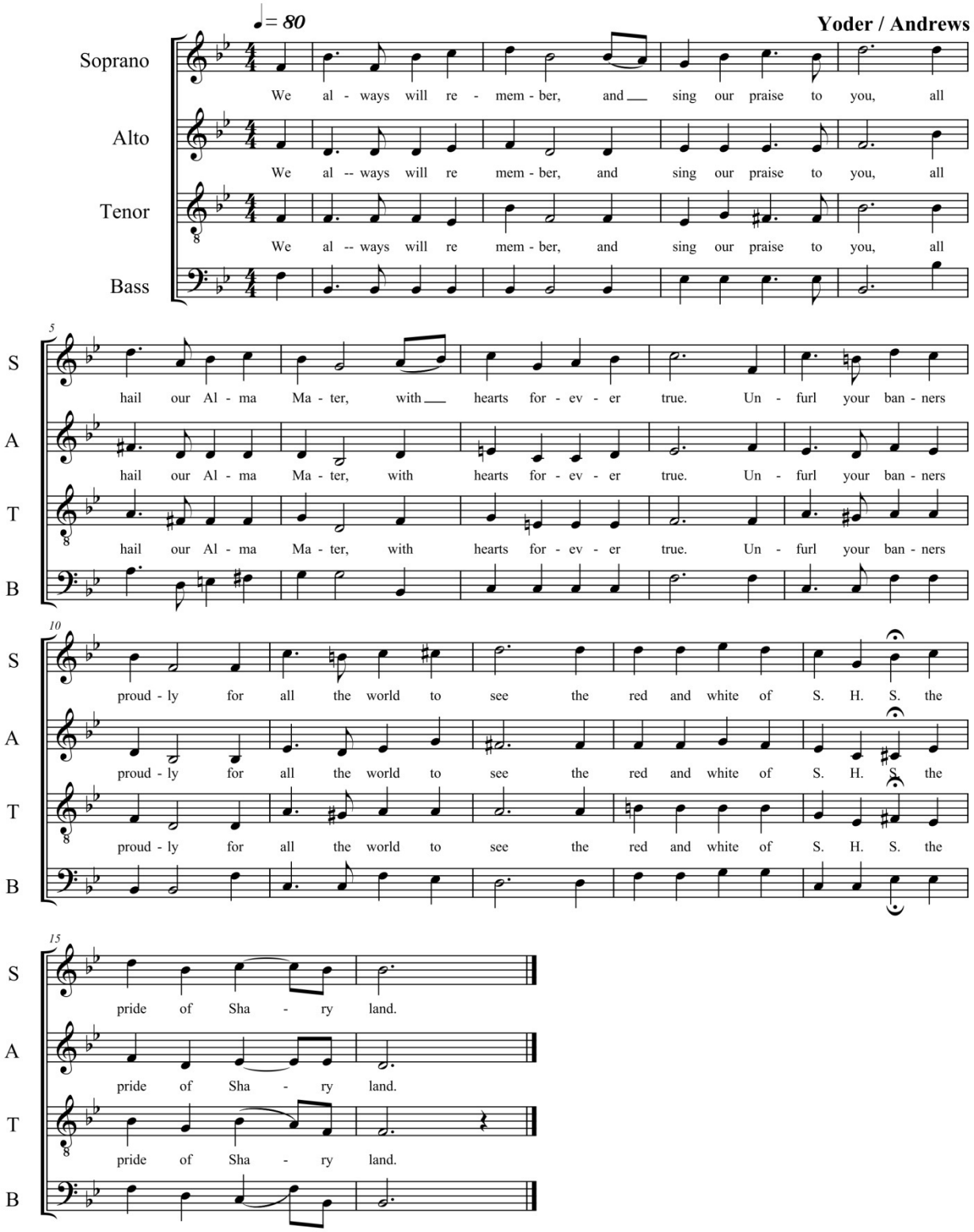
Fall Concert (SHS Lecture Hall) ..... October 18, 2018
Christmas Concert (SHS Auditorium) ..... December 20, 2018
UIL Concert & Sightreading (PSJA SW HS)..... February 26-28, 2019
Region Choir Auditions (De Leon MS, McAllen) ..... April 27, 2019
End-of-Year Concert (SHS Auditorium) ..... April 30, 2019
Region Choir Clinic/Concert (McAllen HS)..... May 4, 2019

The Star-Spangled Banner

The Star-Spangled Banner



Sharyland High School Alma Mater



Signed Choir Contract – Due Friday Sept. 7, 2018

Membership in the BL Gray Choir Department offers many valuable and personal learning experiences. Therefore, it requires that each student accept a large amount of responsibility.

I hereby agree to uphold my responsibility as a member of the BL Gray Junior High School Choir Department by following the rules and guidelines of this organization.

- I will arrive at rehearsal on time with my music, a pencil, and a good attitude. Gum chewing will NOT be allowed at any time in the choral music building while I am supposed to be rehearsing.
- I will be responsible for keeping all dates, as given to me by the directors open and clear of other responsibilities, unless I have already discussed **in advance** an absence with my director and filled out and handed Mr. Watkins a "Pink Form."
- I will attend all scheduled performances, rehearsals and sectionals unless excused in advance by my director. I understand that I will always be given at least one week advanced notice before any required activity, and that most rehearsals and performances will be announced far in advance. Therefore, it is understood that jobs and work are not acceptable excuses.
- I understand that my grade in choir will be determined by the following:
    - Daily participation (attitude, cooperation, attentiveness, alertness, punctuality, and preparedness).
    - Attendance at sectionals, special rehearsals, and performances.
    - Behavior during rehearsals, concerts, special trips and activities.
    - Tests and music assignments.
- I will assume responsibility for maintaining academic eligibility in order to participate in the extra-curricular activities. (Note: The scheduled concerts are "co-curricular" and do not require eligibility.)
- I accept that on the first violation of any of the above guidelines notification to this effect may be sent to my parents, and that any subsequent violation may be grounds for my dismissal.

Student/Parent Handbook Contract

I, _____(print name) _____(period), have received the BL Gray Junior High School Choir Department *Handbook*, *Contract*, and *Calendar*, and I understand the responsibilities therein.

Please check one of the following before signing the contract concerning our BL Gray Junior High School Choir web page: **www.sharylandchoir.com**:

____Please feel free to use my/my student's photo on the BL Gray Junior High School Choir web page. (I understand that no last names will be used to identify any student).

____Please use my/my student's photo in large group photos only on the choir web page.

____Please do not use any photo of me/my student on the choir web page.

_____ _____
Student's Signature Date

_____ _____
Parent's Signature Date

Parent Volunteer Form

Parent's Name:_____ Phone Number: _____

Parent's phone number that can receive texts: _____

Parent's Email: _____

Student's Name: _____ Choir Period: _____

Please place a check (√) by the events you can help with!

_____1. Chaperone: (Please check which ones you may be available for)

___Fall Concert (SHS Lecture Hall).....October 18, 2018
___Christmas Concert (SHS Auditorium).....December 20, 2018
___UIL Concert & Sightreading (PSJA SW HS)..... February 26-28, 2019
___Region Choir Auditions (De Leon MS, McAllen).....April 27, 2019
___End-of-Year Concert (SHS Auditorium) .....April 30, 2019
___Region Choir Clinic/Concert (McAllen HS).....May 4, 2019

_____2. Prepare cookies, brownies, cakes, etc. (various times throughout the year – must be cleared with front office before bringing)

_____3. With some advance notice, I am willing to do whatever needs to be done!

2018-2019 BL Gray RATTLER CHOIR

TRANSPORTATION AND EMERGENCY INFORMATION

I give my son/daughter (a choir member) permission to travel on Sharyland ISD school buses and/or charter buses to and from concerts, contests and other choir activities during the 2018-2019 school year. I expect that all drivers will be certified personnel.

Should an emergency arise, I give permission for Mr. Watkins, Mrs. Carranza, or any other school administrator/sponsor to authorize emergency room treatment until I can be contacted by emergency personnel.

STUDENT NAME: _____ S.S.#: XXX-XX-_____

GRADE: _____AGE: _____

PARENT(S) NAME: _____

HOME PHONE: _____ CELL PHONE/S: _____

WORK PHONE: _____ _____

RELATIVE TO CONTACT IN EMERGENCY:

_____

RELATIVE'S PHONE: _____

REGULAR PHYSICIAN:

_____

PHYSICIAN'S PHONE: _____

INSURANCE COMPANY: _____

INSURANCE POLICY NUMBER:

_____

PLEASE LIST ANY ALLERGIES THAT YOUR CHILD HAS AND/OR ANY MEDICATIONS THAT ARE NEEDED:

_____

_____ | _____

Parent Signature **Date**