

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

PRIMARY LANGUAGE SPOKEN AT HOME: _____

PROGRAM INFORMATION

STUDENT GRADE (please circle one): 4th 5th

Is this your student's first year in SMP? (please circle one): YES NO

**Does your student qualify for Free and Reduced Lunch?
(please circle one):** YES NO

Does your student have an instrument at home? YES NO

Instrument Options: Flute, Clarinet, Trumpet, Trombone, Percussion, Violin, Cello

1st Choice:

2nd Choice:

3rd Choice:

Preferred Tutor Day (CIRCLE ONE): Monday Tuesday Wednesday

Preferred Group Day (CIRCLE ONE): Thursday Friday

**Will there be an adult present when your student is in their after school lessons?
(please circle one)** YES NO

Supplemental Information (Please check all that apply and explain in the notes section)

- My student is taking music lessons during the day at school (EIM)
- My student is taking music lessons outside of school
- My student is participating in other music groups (such as choir)
- My student has a sibling or relative who is/was part of SMP

Supplemental Information Notes:

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Any health concerns? : _____

Anything else you would like SMP to know about your student?

Parent and Student Consent

Parents:

- I give my consent for my student to receive music lessons on the days specified above via Zoom from 3:45–5:00 pm.
- I understand my student will receive music instruction from a high school, college or community volunteer.

Parent Signature

Date

Students:

- I would like to participate in Seattle Music Partners after school.
- I understand that I am responsible for attending on both tutor days and group days.
- I will take care of my instrument throughout the school year, and practice it often.

Student Signature

Date

Student Media Release

I, being a parent/guardian of the student named below ("Student"), who is a participant in the Seattle Music Partners after-school music program ("Music Program"), agree that any recordings, photographs, artwork or videos made or taken of my Student while participating in the Music Program via Zoom, as well as any oral or written statements, may be used by the Music Program without compensation. In particular, the recordings, images and statements may be used in recordings, newspapers, radio, television, web sites, other publications and materials that promote the Music Program.

Furthermore, I consent that the recordings, images and statements shall be the property of the Music Program which has the right to duplicate, reproduce and make other uses as the Music Program deems appropriate and that the Student and family release all rights or claims with respect to the recordings or images.

Name of Student _____

Signature of parent/guardian _____

Printed name of parent/guardian

_____ Date _____

Consent to Participate in Seattle Music Partners Program Evaluation

Seattle Music Partners will be evaluating its program to learn how to better support the students we serve. From time to time, SMP will be conducting surveys, interviews and other activities to learn about student interest and engagement. As part of this work your child might be randomly selected to speak with SMP staff or the evaluators to answer questions about whether or not s/he liked the instrument lessons and how they help him or her learn. Participation in these activities is voluntary and your student may decline to participate or withdraw at any time without negative consequences. All student responses are confidential.

My Child's Name: _____

Yes, I agree to have my child participate in the evaluation project by completing surveys and participating in interviews.

No, I do not give consent for my child to participate in the evaluation project.

Parent or Guardian Signature

Student Participation Agreement

We're glad you have chosen to join Seattle Music Partners. We look forward to getting to know you! We want each student to have a positive experience as part of our program. In order to succeed at the highest level, every student must agree to the following:

In Seattle Music Partners we will be:

- **Safe** with our instruments, each other, all students, staff, and special guests.
- **Respectful** of ourselves, each other, all students, staff, special guests, and school property.
- **Responsible** for our own behavior within individual and group sessions, and with our instruments, music and accessories.
- **Persistent** and **Focused** in our music lessons and home practice time in order to improve on our instruments.
- **Creative** and brave in all music lessons, rehearsals, and performances.

We ask every student and parent/guardian in our after-school program to sign a copy of this Agreement. Thank you! We look forward to a successful year working with you!

Student Name: _____

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____