



School: \_\_\_\_\_

Music Teacher: \_\_\_\_\_

**INVITATION TO AUDITION**  
**FOR THE 2016-2017 ELEMENTARY HONOR CHOIR**

Dear Parents/Guardians of \_\_\_\_\_,  
(Student Name)

Your student has been invited to **audition** for the 2016-2017 Elementary Honor Choir.

Students who are chosen will have demonstrated outstanding musical skills during their audition, including singing in tune, singing a series of notes they have only heard once, quickly learning a short musical excerpt, and accessing a specified range of pitches. During their music classes, they must also have demonstrated good classroom behavior, responsiveness to directions, and a love of singing. An ability to read music (notation) is helpful, but not required.

Qualified student must:

- Enjoy singing
- Demonstrate good citizenship
- Respond positively to directions
- Memorize easily
- Have a minimum accessible range of middle C to E2

Audition will include:

- Singing an 8-tone scale
- Singing a song in tune
- Matching random musical pitches
- Learning a short musical excerpt

Students will be **required to attend all rehearsals and the performance**. ONLY ONE absence will be accepted.

- Six rehearsals will be held at Taft Middle School (9191 Gramercy Dr., San Diego, CA 92123) on Wednesday nights from 6 to 8 pm.
  - Dates: March 8, March 15, March 22, April 5, April 12, April 19, 2017
  - Note that there is NO rehearsal on March 29 due to spring break.
  - Check-in begins at 5:30pm on each date.
- The Dress Rehearsal is Monday, April 24, 2017 at 6pm at Point Loma Nazarene University (3900 Lomaland Drive, San Diego CA 92106).
- The Concert is Monday, May 1, 2017 at 7pm at Point Loma Nazarene University.

If your child is chosen, more information will be sent home.

Please **SIGN** the attached permission slip and return to your music teacher's box in the school office by \_\_\_\_\_. Auditions will held be on \_\_\_\_\_ at your school.

*Signing the attached permission slip does NOT guarantee participation, but indicates an interest in participation and a commitment to provide transportation if selected.*



School: \_\_\_\_\_

Music Teacher: \_\_\_\_\_

### PERMISSION TO PARTICIPATE

If you wish for your son/daughter to **audition** to participate in the 2016-2017 Elementary Honor Choir, please complete the form below and return it to your music teacher's box in the school office. You may contact your music teacher at your child's school if you have any questions.

Supervision for this event will be furnished by the school district, but parents should understand that supervision will end at the time stated. The district will take every precaution to assure the welfare and safety of your son/daughter participating in this activity.

### PARENT AUTHORIZATION FOR STUDENT PARTICIPATION

I, the undersigned, authorize my son/daughter \_\_\_\_\_ (*name of student*) to participate to **audition** for the 2016-2017 Elementary Honor Choir.

I understand that *if selected*, my child will attend six Wednesday evening rehearsals (March 8, March 15, March 22, April 5, April 12, April 19, 2017) from 6-8pm at Taft MS, one Monday evening dress rehearsal (April 24, 2017) from 6-8pm at Point Loma Nazarene University, and the Monday evening concert (May 1, 2017) from 7-9pm at Point Loma Nazarene University. There are no fees for participating in the Honor Choir.

*I also authorize the San Diego Unified School District to use my voice and likeness in the media for promotion of this event (or the voice and likeness of the above stated minor, if applicable) and it is understood that no fee has been authorized for my cooperation (or of the above named minor).*

California law (Education Code 1081.5) provides that any person making a field trip or excursion waives all claims against the school district and the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion. ACCORDINGLY, I/WE HEREBY WAIVE ALL CLAIMS WHICH I/WE MIGHT HAVE AGAINST THE SCHOOL DISTRICT OR THE STATE OF CALIFORNIA, their officer, agents and employees for injury, accident, illness, or death occurring during or by reason of the above described activity.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

*Signing this permission slip does **NOT** guarantee participation, but indicates an interest in participation and a commitment to provide transportation if selected.*



School: \_\_\_\_\_

Music Teacher: \_\_\_\_\_

## CONTACT INFORMATION

Please fill out the following form for 2016-2017 Elementary Honor Choir  
and return to your Music Teacher.

Student's Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Phone Number: \_\_\_\_\_

Parent/ Guardian Email: \_\_\_\_\_  
*(To receive EHS music, information, and notices)*

## EMERGENCY INFORMATION

Emergency contact person is the same as above.

Emergency Contact Person: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Print Parent/Guardian name



School: \_\_\_\_\_

Music Teacher: \_\_\_\_\_

## San Diego County Office of Education

Instructional Television Services Release of Claim

### Elementary Honor Choir Rehearsal and Concert May 1, 2017

All rights in connection with my participation in the television, video, film, or audiotape series, any derivative work of the Project or program entitles **2016-2017 Elementary Honor Choir** are hereby granted, worldwide and in perpetuity, to the County Board of Education and the San Diego County Office of Education, San Diego, California. I hereby waive the right to any fees or control of the aforementioned programs now or in the future and I grant full permission for the use of my name, likeness, performance, voice, and biography in the program, which may be displayed, reproduced, performed, exhibited, and transmitted, by all means and media both known and unknown throughout the universe.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip

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Form 1 – ITVS Rev. 2/09  
For Office Use Only

\_\_\_\_\_  
Received for Superintendent of Schools

\_\_\_\_\_  
Date