

CHARMS Database Update Form

Please return this form and fees by August 26th, 2022

Band Student:

Name: _____ School ID#: _____

Address: _____ Instrument: _____

City/State/Zip: _____ Band Class: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parent/Guardian #1: (Will receive our band emails through CHARMS)

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parent/Guardian #2: (Will receive our band emails through CHARMS)

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Band Handbook Acknowledgement:

_____ I have received, read, and understand the WGMS Band Handbook and agree to comply with all guidelines outlined within.
(Parent Initials)

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

_____ I give my permission for MISD and WGMS band directors and staff to post my child's photo on the MISD, MHS
(Parent Initials) and WGMS websites and district publications.

All Band Field Trips Medical Information Form

As the parent/guardian of _____, I hereby grant consent for him/her to participate in teacher and principal approved field trips with the Walnut Grove Middle School Band during the school year. It is my understanding that the school will advise me by written or verbal notification of the nature, date, and time of each trip or activity in sufficient time to enable me to communicate any withdrawal of consent for the specific trip or activity.

Thank you,
Emily Jaso and Samuel Farrell
WGMS Band



I, the undersigned, am the parent or legal guardian of _____, and hereby release the Midlothian Independent School District, its trustees, general superintendent, employees, and servants from any and all liability, damages, or claims resulting from such student being allowed to travel and/or participate in school-approved field trips, and I agree to hold them harmless from any damages or claims which might arise from accidents or injuries of such trip or activity.

In the event that the above-named student should, for any reason, require any minor medical or surgical treatment and/or medication while participating in approved field trip activities, I authorize the staff to take my child to an emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to administer treatment as deemed necessary by them for the well-being of said student. It is understood, however, that if hospitalization or treatment of a more serious nature is required I will be contacted, if at all possible.

I have read and understand the above and I freely give my consent and permission of all things contained herein.

Parent/Guardian Signature

Date

Phone Number: _____

My child has the following: Allergies _____

Medications _____

Diabetes, Heart Condition, Asthma, Seizures _____

Other pertinent medical conditions _____

(Please attach additional information if needed)

FATHER / GUARDIAN #1:

Name: _____

Employer: _____

Address: _____

Mobile/Work #: _____

Home #: _____

MOTHER / GUARDIAN #2:

Name: _____

Employer: _____

Address: _____

Mobile/Work #: _____

Home #: _____

Emergency Contact: Name of people to call in case of emergency, if parent/guardian cannot be reached:

1. _____ Phone: (home) _____ (work) _____
First/Last Name Relationship (area)number (area)number

2. _____ Phone: (home) _____ (work) _____
First/Last Name Relationship (area)number (area)number

Insurance Information: In case of medical emergency while on field trips.

Company: _____ Phone: _____

Policy #: _____ Responsible Party under insurance: _____

Name of Licensed Family Physician: _____ Phone: _____
First/Last Name (area)number

Address: _____
Street City State Zip Code

Hospital/Clinic: _____ Phone: _____

Address: _____
Street City State Zip Code

In case of an emergency I/we give the Midlothian Independent School District band staff to take my child to the nearest medical facility for treatment.

Signature of Father/Guardian Date

Signature of Mother/Guardian Date

APPLIED PRIVATE LESSON PROGRAM

The Midlothian I.S.D. provides individual music study through the Applied Music Program. This private study benefits both the student and the overall program in that it can be closely geared to a student's developmental needs. In such an individualized approach, it is possible to develop a child's talent to his/her maximum proficiency.

Students who desire private instruction will be scheduled at a convenient time for the student and private instructor either before or after school or during the school day and will not conflict with academic subjects. If scheduling is during the regular class time, additional make-up time will be assigned to the student through sectionals or before-or after-school rehearsals.

Fees for a half-hour lesson are commensurate with other districts in the Metroplex and are **\$20** for a half hour lesson. Checks or virtual payments should be made payable directly to the private lesson teacher.

Lessons are required for Honors Band Students, Double Reed and French Horn students.

If you approve your child's participation in the on campus Private Lesson Music Program, please complete this form.

Student's Name _____ Instrument _____

Student's signature _____ Date _____

Is student a

Bus rider

Car rider

Parent's Name _____

Parent's signature _____ Date _____

Parent's Phone Number _____

Parent's Email _____

Do you need financial assistance? NO YES (please contact a Band Director for an FAF)

I currently am taking lessons with: _____

The up-to-date list of MISD approved lesson teachers are located on the WGMS Band website.