



It's time to sign up for
Orchestra and Band Class
for next year!

In-coming 5th Grade Students and Parents,
We are excited to invite all in-coming 5th grade students to participate in the 2020/2021 Instrumental Program.

This **year-long** program, offered twice a week, 7:10 am until 8 am, will begin September 8, 2020 and will end June 4, 2021. Vancouver School District transportation is available.

Six different middle school locations will serve ALL 5th grade students: Alki, Discovery, Gaiser, Jason Lee, McLoughlin and Thomas Jefferson. All instrumental classes are taught by Vancouver Public Schools certified teachers and are offered free to students currently enrolled in Vancouver Public Schools.

Band Class: Clarinet, Flute, Trombone, Trumpet
Orchestra Class: Cello, Viola, Violin

Completed registration, consent/medical forms are due no later than **by Friday, April 24, 2020.**

Email to:
Libby.Odren@vansd.org

OR

Mail to:
Barb Nelson/Libby Odren,
Visual and Performing Arts - JPC
2901 Falk Rd, Vancouver, WA 98661

OR

Student turns in registration to school office to be inneroffice mailed to VaPA Office at JPC

Parents/students need to attend the **Instrumental Information Night on Monday, May 4, 2020** from 6:30 – 7:30 pm at Vancouver School of Arts and Academics, Royal Durst Auditorium, 3101 Main St, Vancouver, WA 98663.

(This is a meet the teachers and choose your instrument night. Therefore attendance is required.)

5th Grade Band and Orchestra Year-Long Classes

• Please print •

Student's Full Name: _____

Parent/Guardian Name(s): _____

Current School: _____

Current Grade: _____

Home Address: _____

Best Contact Number: _____

Email: _____

Emergency Contact (other than parent): _____

Relationship to student: _____

Best Contact Number: _____

Check Requesting Class:

Band

Clarinet, Flute, Trombone, Trumpet

Orchestra

Cello, Viola, Violin

(Complete Consent / Medical Form on Back)



VANCOUVER PUBLIC SCHOOLS
CONSENT TO PARTICIPATE IN
5TH GRADE INSTRUMENTAL PROGRAM
MEDICAL TREATMENT CONSENT FORM

THE UNDERSIGNED HEREBY GIVES PERMISSION AND AUTHORIZES

Student Legal Name _____

To attend the 5th GRADE INSTRUMENTAL PROGRAM. Dates of Attendance: September 8, 2020 – June 4, 2021.

Consent for Medical Treatment

This is to authorize emergency medical care and treatment for my son/daughter in my absence. Every reasonable effort will be made to contact me if such action is necessary.

FAMILY PHYSICIAN

HOSPITAL PREFERENCE

NAME OF INSURANCE CARRIER

GROUP/CHART NUMBER

If your student will need to bring prescribed medication, the Authorization for Medication Administration form (enclosed) must be completed and signed by the health care provider and parent/guardian. For over-the-counter medications, please check with your school nurse for procedure.

DOES YOUR CHILD TAKE ANY MEDICATION? _____ If yes please list: _____

DOES YOUR CHILD HAVE ANY HEALTH CONCERNS THAT THE TEACHER NEEDS TO BE AWARE OF? _____

I UNDERSTAND THAT THE STUDENT WILL BE SUPERVISED BY SCHOOL AUTHORITIES AND THAT EVERY EFFORT WILL BE MADE TO ENSURE STUDENT SAFETY.

I WILL ASSUME FINANCIAL RESPONSIBILITY FOR EMERGENCY MEDICAL TREATMENT FOR MY CHILD.

PARENT/GUARDIAN SIGNATURE

DATE

EMERGENCY CONTACT NAME

PHONE/RELATIONSHIP

NOTE: THIS CONSENT FORM MUST BE SIGNED AND RETURNED PRIOR TO THE DESIGNATED DATES REFERENCED ABOVE.