\_\_\_\_\_ As an Auditioned member, I have read the Saint Cloud High School Choral Department Guide and will abide by all the rules and regulations in this document. I understand I must pay dues and will be required to fulfill MPA and other performance obligations both musically and financially. I also understand that part of this course’s grade takes place after school hours.

**Saint Cloud High School  
Choral Department  
Student/Parent Contract**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_

Parent Signature Print Name Class Period Date

Parent email: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_

Student Signature Print Name Class Period Date

\_\_\_\_\_ As a chorus parent, I have read the Saint Cloud High School Choral Department Handbook and will offer my support first to my student, Ms. Combs, and program. I will ensure dues are paid, student participation is consistent, and if available offer my time to volunteer and help with the year’s events. I understand that my student may need to participate after hours for rehearsal which incorporates into their grade.