

SELWYN SOARING SINGERS

🏠 2018-2019 Application 🏠

Student Name: _____

Current Teacher: _____

Parent Signature: _____

Phone #: _____

Parent E-mail: _____

Participation: (Check corresponding box. *Minimum commitment is 1 semester*)

____ 1 semester only (August-December)

____ 2 semester only (January-June)

____ All year (August-June)

Teacher Endorsements: (1 classroom teacher AND 1 special area teacher)

As a teacher, endorsing this student signifies that he/she is a respectful student who completes school work, earns satisfactory grades, and has excellent behavior at Selwyn Elementary:

Teacher Name: _____

Teacher Signature: _____

Teacher Name: _____

Teacher Signature: _____

****PLEASE TURN IN TO MRS. PASOUR BY MAY 24, 2018****

Students: please write your responses to the following questions below:

1- Why would you like to participate in Chorus?

2- What do you hope to learn from participating in Chorus?

3- What types of songs would you like to sing in Chorus?

Student Response:

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