

##### Using the performing arts to inspire excellence in children

**Audition Permission Slip**

September 2017

To Highbridge Voices Staff:

I give my son/daughter, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, permission to audition for the Highbridge Voices After-school Music and Academic Program. If he/she is accepted, I also give him/her permission to join the program and attend ALL classes and rehearsals, five days a week

I understand that my child will be responsible for the following:

* Attending program Mondays through Fridays from 3:45 PM to 6:45 PM.
* Program elements include:
	+ Choir rehearsal, Music Theory, and Music History
	+ Math, Reading, Tutoring, and Homework Assistance
* Participating in required performances (generally three per year)

**THE HIGHBRIDGE VOICES AFTER-SCHOOL MUSIC PROGRAM IS A NON-PROFIT ORGANIZATION. THERE IS NO COST TO YOU. ALL STUDENTS ARE ACCEPTED INTO THE PROGRAM ON FULL SCHOLARSHIP.**

My child’s date of birth is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ His/Her Age

His/Her home address is

 (Please include your apartment number and zip code)

My son/daughter’s school is

He/she is in class \_\_\_\_\_\_\_\_\_\_ His/Her teacher’s name is

 Print Parent/Guardian Name Telephone Numbers

 Parent/Guardian Signature Date