

HIGHBRIDGE VOICES

Inspiring excellence through music.



Using the performing arts to inspire excellence in children

Audition Permission Slip

December 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 _____ Gender M/F 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