WEST CHESTER AREA SCHOOL DISTRICT
DEPARTMENT OF MUSIC EDUCATION
SIXTH GRADE MUSIC EDUCATION REGISTRATION
2019-2020

Student's Name: _____
(Last) (First)

Home Address: _____ Zip: _____

Home Phone Number: _____ School Currently Attending: _____

Middle School you will attend: (check one) ☐ Fugett ☐ Peirce ☐ Stetson

Please check ONE of the following options: ***

1. _____ Classroom Music ***OR***

2. _____ Performance Organization (Please choose **ONE** of the following areas)

   a. ☐ Band Present Instrument: _____
   b. ☐ Orchestra Present Instrument: _____
   c. ☐ Chorus

***Since we are exploring the **POSSIBILITY** of changing our middle school schedule for the 2020-21 school year, we would like to collect some information specific to our ensembles. IF your child would like to participate in more than one ensemble in middle school, please enter a "1" for their 6th grade choice and a "2" for the secondary ensemble they would have liked to have, if their schedule would allow it.

Approved Choral/Instrumental Teacher Signature: _____

Additional Information

1. Study Private Piano yes _____ no _____ number of years _____

2. I have participated in the following:
   - ☐ School Band Program
   - ☐ School Orchestra Program
   - ☐ School Chorus Program
   - ☐ District Honors Band
   - ☐ District Honors Orchestra
   - ☐ District Honors Chorus

Parent/Guardian Signature: _____ **Date:** _____

Please return this signed form to your child's elementary classroom music teacher before Thursday, February 21, 2019. Thank you!