Please sign below if you have read and agree to the terms stated. This form must be signed by a parent or a legal guardian.

1. This is confirmation that my child ____________________________ would like to participate in the String Program at Williamstown High, and that I agree to pay the fees stated below:

2. I agree to pay:

   ☐ $325 for involvement in the String Program

Student name __________________________________________________________

Parent name __________________________________________________________

Signature __________________________________________________________________

Date ___________________________________________________________________

To help us determine prior experience please complete the following:

1. Circle which instrument you play below.

   VIOLIN   VIOLA   CELLO   DOUBLE BASS

2. Please describe previous experience. This may include: time studied, exams taken, self-taught experiences etc.

3. What would you hope to gain from participating in this program?

4. Please indicate if you are interested in also participating in lessons. If there is enough interest we will run individual string lessons.  YES  NO
We rely on parental involvement in the Music Program, as the rigor of our program often goes beyond the time available to music staff, particularly at concert times. If you are able to assist/join the Music Committee (e.g. concert and front of house assistance), please provide your email address below.

I would like to be involved in assisting the Music Department. I can be contacted at:

Email

Please return this application to the main office at Bayview Campus.