

STUDENT & PARENT AGREEMENT FORM

*Please complete this and return it to your classroom teacher by
Friday, October 27th*

- We have read the entire packet.
- We agree to follow the Student Expectations.
- We understand that failure to follow all expectations may result in dismissal from the musical.
- We understand that the student must commit to and attend every rehearsal (Sickness is the ONLY exception.)
- We are excited to be a part of the Slingerlands Fifth Grade musical!

Print Student Name

Student Signature

Print Parent Name

Parent / Guardian Signature

Best Contact Number _____

Email Address _____

(** Email will be our primary form of communication, so please be sure to include your email address!)

Classroom Teacher _____