

# *LMMS Music Department Application to Double Music Classes*

Student Name \_\_\_\_\_

Please Circle One: Male/Female

Please Circle One: 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Parent Email \_\_\_\_\_ Parent Best Contact Phone \_\_\_\_\_

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## *Student's Commitment to Doubling...*

*Year Long Commitment to Both Groups!*

*Concert Attendance for Both Groups!*

*Doubling Band and Orchestra requires possible rental fees!*

*Doubling Band and Orchestra requires carrying 2 instruments and practice for both!*

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## *Student's Musical Background...*

1. Does your child already know how to read music? \_\_\_\_\_  
If so, at what level? \_\_\_\_\_
2. Does your child currently or previously have any experience singing in an ensemble or playing an instrument? \_\_\_\_\_  
Please describe (including length of time). \_\_\_\_\_
3. Is your child currently or previously involved in a musical ensemble? \_\_\_\_\_  
Please describe (including length of time). \_\_\_\_\_
4. Is your child currently or previously involved in any other performing arts groups?  
\_\_\_\_\_  
Please describe (including length of time). \_\_\_\_\_
5. Has your child attended any recent music camps? \_\_\_\_\_  
Please describe (including dates) \_\_\_\_\_
6. Would you consider your child to be proficient vocally or instrumentally?  
Please describe \_\_\_\_\_

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*Student's Next Step...*

If we are not able to accommodate your request to participate in 2 music classes this school year, which group would you still like to join? \_\_\_\_\_

If Band or Orchestra, which instrument would you prefer to play? \_\_\_\_\_

**Please return this form in person, by email or fax NO LATER THAN 5:00pm FRIDAY, AUGUST 14, 2015 to be considered to double music classes for the 2015-16 school year. We will not be able to accept forms past this due date.**

Please include **BOTH** teachers in your correspondence.

BAND/Woodwinds and Percussion – [Brittany.mori@cobbk12.org](mailto:Brittany.mori@cobbk12.org)

BAND/Brass – [Suzanne.tingle@cobbk12.org](mailto:Suzanne.tingle@cobbk12.org)

ORCHESTRA – [linda.stephens@cobbk12.org](mailto:linda.stephens@cobbk12.org)

CHORUS – [lostmountainchorus@yahoo.com](mailto:lostmountainchorus@yahoo.com)

LMMS Fax – 678-594-8226

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*For Office Use Only...*

*Director 1 Approval Signature* \_\_\_\_\_

*Director 2 Approval Signature* \_\_\_\_\_

*Administrator Approval Signature* \_\_\_\_\_

*Date* \_\_\_\_\_