



RUSD ELEMENTARY CLASSROOM MUSIC (GRADE 4 – 6)



Class Selection Form

PLEASE RETURN THIS FORM TO YOUR CHILD'S CLASSROOM TEACHER BEFORE MONDAY, AUGUST 22, 2016

School _____ Teacher's Name _____ Grade _____

Student's First Name _____ Student's Last Name _____

Parent's Name _____ Parent's Signature _____

Parent's Phone Number (____) _____

PLEASE CIRCLE YOUR STUDENT'S CLASS CHOICE IN ORDER OF PREFERENCE (1ST, 2ND, AND 3RD)

Grade 4

Preference #1

String Instrument
General Music (Choir)

Preference #2

String Instrument
General Music (Choir)



Grade 5 & 6

Preference #1

Band Instrument
String Instrument
General Music (Choir)

Preference #2

Band Instrument
String Instrument
General Music (Choir)

Preference #3

Band Instrument
String Instrument
General Music (Choir)

BAND & STRINGS STUDENTS ONLY

Does your child currently play an instrument? Yes No

If yes, what instrument(s) _____

Did your child participate in the RUSD Instrumental Music Program last year? Yes No

If yes, what level? Beginning Intermediate Advanced

What instrument(s) is your child interested in playing?

Please check one instrument student would like to play:

Band

Baritone Bassoon Clarinet Flute French Horn
 Oboe Trumpet Trombone Saxophone

Strings

Violin Viola Cello

Are you able to provide your own instrument? Yes No

