

Student - Parent Acknowledgement Form

I have read and understand the policies and procedures of the Rock Hill High School Choir Program and will commit to being an active participant for the entire 2025-2026 school year. My family understands that I am responsible for being present at the performances/events listed below:



Bel Canto (1) • Tenor Bass Choir (2) • A Cappella Choir (6) • Bella Voce (7)

September 30, 2025
6:30 PM

December 9, 2025
6:30 PM

January 31, 2026
6:00 PM (5:30 PM call)

March 10, 2026
TBA

March 31 - April 2, 2025
TBA

May 12, 2026
6:30 PM

Fall Choir Concert
RHHS Auditorium

Winter Festival of Choirs
RHHS Auditorium

Choir Dinner Show \$\$
RHHS Cafeteria

PISD East Zone HS Choir Pre UIL
RHHS Auditorium

UIL Concert & Sightreading Evaluation
TBA

Spring Choir Concert
RHHS Auditorium

T-Shirt Size

S M L XL XXL

(Please Circle One)

\$\$ = must be academically eligible

Please PRINT Student's Name

Student's Cell Phone (for director's use only!)

Student's Signature

Date

Students Birthday (Month / Day / Year)

Student's Personal (NOT PISD) E-mail

☐

Check if you have a sibling in choir at Rock Hill

Please PRINT First Parent's Name

Parent's Cell Phone (for director's use only!)

Parent's Signature

Date

Parent's Evening Phone (for director's use only!)

Parent's E-mail (to get updates directly from the choir directors)

Relationship to Student: **Parent Guardian**
(Please Circle One)

Please PRINT Second Parent's Name

Parent's Cell Phone (for director's use only!)

Parent's Signature

Date

Parent's Evening Phone (for director's use only!)

Parent's E-mail (to get updates directly from the choir directors)

Relationship to Student: **Parent Guardian**
(Please Circle One)

This form is due in the Rock Hill Choir Room by Thursday, September 4, 2025

Rock Hill High School Choir 2025-2026 Participation Fees

- SUBMIT THIS FORM ONLY IF YOU ARE NOT PAYING ONLINE -

\$120 Participation Fee (ALL CHOIR MEMBERS - periods 1, 2, 6 and 7) This fee includes uniform rental, uniform alterations, uniform bag rental, choir t-shirt, Region Choir and Area Choir audition fees, choir binder, one student ticket to the annual choir banquet, end of the year uniform cleaning, and <i>ALL STATE TAXES</i>	\$
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REQUIRED UNIFORM ITEMS

\$20 Required Tuxedo Shirt (for all <u>NEW TO CHOIR</u> tenors and basses – this is a special reduced rate only available through the choir program)	\$
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EXTRA ITEMS

\$30 PISD Vocal Solo Festival Fee Includes registration and accompanist fee (you may pay this fee in December)	\$
\$100 Blue Note Participation Fee (Blue Note members only)	\$
TOTAL DUE	\$

Select payment method (please choose one option):

☐ **Pay in full** (CHECK enclosed made payable to Rock Hill High School Choir) \$ _____
Please include student's name, ID number, and class period in the memo and on the envelope

☐ **Pay in full** (CASH enclosed) \$ _____
Please include student's name, ID number, and class period on the envelope

☐ **PAYMENT PLAN: Make an initial payment of** \$ _____
and **include post-dated checks** (made payable to Rock Hill High School Choir – select any amount, any dates, and up to three payments that work for your family budget as long as full payment is received prior to **October 31, 2025** ... you MUST make an initial payment):

NOTE: If you are paying online with a credit card, you do NOT need to return this fee payment sheet.

Use this QR code instead! > > > >



Date/Check #: _____ \$ _____

Date/Check #: _____ \$ _____

TOTAL BALANCE DUE \$ _____ .00

Student Name (Please PRINT): _____ ID Number: _____

Parent Signature: _____ Date: _____

Please sign and return with the student's Handbook Acknowledgement & other handbook forms no later than

THURSDAY, SEPTEMBER 4, 2025

Make all checks payable to Rock Hill High School Choir.

All fee payments should be sealed in an envelope with the student's name, ID, class period, and "2025-2026 Fees" written on the envelope.



HEALTH SERVICES
Prosper Independent School District
Off-Site Activity/Trip Medication Request Form

OFF-SITE ACTIVITY/TRIP

Date of Request: **August 18, 2025** School: **Rock Hill High School** Activity/Trip: **Choir**

Student's Name: _____ Birth date: ____/____/____

Please follow the guidelines below when bringing medication to be administered at an off-site activity/trip:

1. A separate request form is required for each medication.
2. For student safety, all medication should be brought to the clinic by the parent at least 5 school days prior to the activity/trip. All medication must be in an original, properly labeled container and should be provided to the school with only the number of doses that are to be administered during the activity/trip. Prescription medications must be counted by the parent and clinic staff. No medication will be automatically sent from the clinic for overnight trips.
3. All medication will be administered according to the labeled instructions or doctor's orders. Aspirin and aspirin containing products will not be administered without a doctor's order.
4. Medication that is expired will not be given. Medication will be destroyed if not picked up by the parent within 2 weeks following the activity/trip.
5. Nonprescription, homeopathic medication, dietary supplements and herbal supplements will only be given in accordance with Prosper ISD Board Policies FFAC (LEGAL) and FFAC(LOCAL) and District medication guidelines.
6. Campus administration will designate a PISD employee to administer student medications during this activity/trip. This staff member will be responsible for maintaining medications and request forms in a secure location, and for administration and documentation of the medications according to District guidelines. The school nurse will review medication request forms and provide training to the staff member(s) designated for this activity/trip.

NOTE: If medications are found on the student's person or in his/her belongings that are not accounted for by written request form and are not approved as a self-carry medication by form on file with the school nurse, the student may be subject to disciplinary action.

Medication: _____ Exp. Date _____ Dosage: _____

Route of administration: ☐ by mouth ☐ inhaled ☐ topical ☐ eye ☐ ear ☐ nasal ☐ injection (circle: IM SQ IV) ☐ rectal ☐ GT/JT

Time to be Administered: _____ Dates to be Administered: _____

Condition for which medication is required: _____

Has your child ever taken this medication before? **YES NO**

Medication Allergies: ☐ No Known Medication Allergies ☐ Allergic to: _____

Special Instructions or known Side Effects of medication on your child: _____

My signature below indicates that I request that PISD staff administer the medication specified above to my child. I acknowledge that I will not hold the Prosper ISD, Board of Trustees, and/or District employees liable for damages or injuries resulting from administration of this medication.

I authorize the designated PISD staff to share/obtain my child's health information with the health care provider listed below in order to plan, implement or clarify actions necessary in the administration of school health related services. I readily acknowledge that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by designees authorized herein and the person(s) with whom they communicate, and no longer be protected by the HIPAA rules. I realize that such re-disclosure might be improper, cause me embarrassment, cause family strife, be misinterpreted by non-health care professionals, and otherwise cause me and my family various forms of injury. I hereby release any Health Care Provider that acts in reliance on this Authorization from any liability that may accrue from releasing my child's Individually Identifiable Health Care Information.

Parent/Guardian Signature: _____ Email: _____

Parent's Primary Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Physician's Name: _____ Phone: (____) _____ - _____

Physician's Signature (if nonprescription medication needed for more than 10 days): _____

Emergency Contacts during hours of this activity/trip:

Name: _____ Relationship: _____ Phone: (____) _____ - _____

Name: _____ Relationship: _____ Phone: (____) _____ - _____



EXTRACURRICULAR/ CO-CURRICULAR CODE OF CONDUCT

Participation in extracurricular activities is considered a privilege and higher standards are expected from all participants as it pertains to grades, behavior in and out of school, attendance, work ethic, and commitment. In the spirit of accountability, students will be held accountable by coaches and sponsors with consequences for any actions deemed unbecoming of a Prosper ISD athlete/participant.

I understand that my position as a student involved in co-curricular / extracurricular activities means that I am held to a higher standard of behavior, and therefore, may receive greater, different, and/or additional consequences than those outlined in the PISD Student Code of Conduct for conduct, regardless of whether such conduct occurs on or off school property, at a school sponsored or school related event, or involves social media on and/or off campus.

I understand and agree that consequences assigned under this Contract will be assigned at the discretion and determination of the sponsor/coach and/or the campus administration of the activity, in any hierarchy/order deemed appropriate by the sponsor/coach and/or campus administrator, and may include, but are not limited to, disciplinary consequences in, suspension from, removal from and/or prohibition from future participation in one and/or all co-curricular/extracurricular activities in Prosper ISD.

I understand and agree this contract is in force from the date of my signature through the end of my PISD playing career and up to my graduation date from Prosper ISD, whichever occurs later. Disciplinary consequences may be assigned for Prosper ISD co-curricular / extracurricular activities occurring during summer, vacation, holiday days and all days up until the end of this contract.

I. Use and/or possession of Alcohol, Drugs, Tobacco, vapes or e-cigarettes will not be tolerated.

- **1st Offense:** minimal removal from competition
 - EX: 1-3 contests for extracurricular activity
- **2nd Offense:** removed from competition for the next 45-60 school days. Reinstatement will require approval by the coach/sponsor.
- **3rd Offense:** Student will no longer be permitted to participate in any extracurricular activities for one school calendar year. Reinstatement will require approval by the coach/sponsor.*

II. Hazing (as defined by board Policy FNCC Legal)

- **1st Offense:** minimal removal from competition
 - EX: 2-4 contests for extracurricular activity
- **2nd Offense:** removed from competition for the next 45-60 school days. Reinstatement will require approval by the coach/sponsor.
- **3rd Offense:** Student will no longer be permitted to participate in any extracurricular activities for one school calendar year. Reinstatement will require approval by the coach/sponsor.*

III. Charged with a felony.

- Suspended from the non-curricular program until the case is adjudicated.
- **Adjudication and/or Conviction of a felony. Removed from the program indefinitely.**

IV. Additional Information

- Students are suspended from participation in practices and events while serving consequences in ISS, OSS, and DAEP.
- Once the above school consequences have been completed, these additional extracurricular/co-curricular consequences will be served upon the student's return to their program.

***Once a participant has been removed from the program, the coach/sponsor and administrator shall review the case as to whether to allow the participant back into the program, after the 45 days or more, for a probationary period. Penalty can carry over from year to year until time is served.**

I am selected to represent _____ School in an extracurricular/co-curricular program. I will contribute my best effort to the success of the program. I therefore agree to the expectations and consequences as they pertain to my behavior while a member of an extracurricular/co-curricular group.

I have received a copy of the Extracurricular Code of Conduct and understand that I will be held accountable for my behavior and will be subject to the disciplinary consequences outlined in the Code.

Name of Student (Print)

Signature of Student

Signature of Parent or Guardian

Date

Rock Hill HS Choir

School

Grade