

STUDENT-PARENT-TEACHER AGREEMENT OF MUTUAL CONSENT

SCHOOL NAME: _____

PRINT STUDENT NAME: _____



SCMEA ALL-STATE CHOIR
Student-Parent-Teacher
Agreement of Mutual
Consent

2020-2021 ALL-STATE CHOIR
MAY 15, 2021

I, _____ (print student name) have read the All-State Choir Rules and understand that sending in the registration means that I will attend 100% of the All-State Weekend May 15, 2021 at Calvary Baptist Church. I understand that wearing a mask while on campus is part of the new protocol for the 2021 All State event.

Student Signature

Date

I, _____ (print parent/guardian name) have read the All-State Choir Rules and understand that that sending in the registration means that I will attend 100% of the All-State Weekend May 15, 2021 at Calvary Baptist Church. I understand that wearing a mask while on campus is part of the new protocol for the 2021 All State event. I understand that all registration fees are non- refundable.

Parent Signature

Date

I, _____ (print teacher name) have read the All-State Choir Rules and understand that that sending in the registration means that I will attend 100% of the All-State Weekend May 15, 2021 at Calvary Baptist Church. I understand that wearing a mask while on campus is part of the new protocol for the 2021 All State event.

Teacher Signature

Date

PLEASE SIGN AND RETURN THIS FORM FOR EACH STUDENT.

INCLUDE ALL FORMS WITH YOUR HARD COPY REGISTRATION MATERIALS AND PAYMENT TO:

Lindsey Webb
Fort Dorchester High School
8500 Patriot Blvd.
North Charleston, SC 29420