

Office Use Only

Instrument: _____

Serial #: _____

Date: _____



Share the Music

Completed by parent/guardian (Not required for instrumental music participation)

Student Name: _____ Age: _____ Grade: _____

Current School: _____ Future Middle School: _____

Instrument Choice: 1st _____ 2nd _____ 3rd _____

Parent/Guardians: _____

Address: _____ City/State/Zip _____

Phone Numbers: _____

E-Mail: _____

Please check if the following apply:

___ My student qualifies for free or reduced meal program.

___ My family cannot afford an instrument at this time.

This request is based on the availability of instrument requested. The student is responsible for the instrument. The instrument must be returned to school if:

- Student moves out of the district.
- Student attendance reaches 15 days absent before February 1st.
- The instrument is damaged.
- At the end of each school year.



Parent/guardian signature: _____ Date: _____

Please return to music teacher by March 2nd, 2018

Completed by school

The student above has expressed in receiving an instrument from the Bismarck Public School's ***Share the Music*** program. Please check all that apply:

___ The student is officially enrolled in our school.

___ The student has demonstrated a good work ethic in class.

___ The student is responsible young person who will show respect for the instrument.

___ The student has good attendance.

Elementary Principal Signature: _____

Classroom Teacher Signature: _____

Elementary Music Teacher: _____

Approved:

Approved:

Approved:

Yes

No

