

Winston-Salem / Forsyth County Schools
Department of Arts Education

Brad Oliver, Program Manager K-12 Music Education

WS/FCS ALL-COUNTY BEHAVIOR CONTRACT

This contract outlines student behavior while attending the All-County Clinic. Each student will review and sign this contract with their director and parents. All requirements listed below must be adhered to for this very important event.

1. Students are required to attend each rehearsal for the amount of time that the rehearsal is scheduled. Students may not leave early or arrive late for any scheduled rehearsals. If a student skips a rehearsal, their parents and director will be notified and they will forfeit their seat. (Sickness or a family emergency will be considered on an individual basis by the Music Program Manager)
2. Students should be on their best behavior during rehearsals. No talking, playing electronic games, or reading should occur while a rehearsal is in progress. The clinician's job is to prepare the best musicians for a performance.
3. Students should not eat during a rehearsal. If a student needs to have a snack for medical reasons, please let the clinic assistant know in advance.
4. Students should be early for each scheduled rehearsal. Please plan to arrive at least ten minutes early.
5. Students should not leave the immediate area of their rehearsal location. If a student has a question about the schedule, missing music, etc. during the clinic weekend, please ask the clinic assistants.
7. All rules and policies from each individual school should be followed during this event. This also includes policies concerning smoking, drug use, possession of weapons, and hazing. Students will be sent home or back to school for any major rule violation.
8. High School students will not be able to drive to or from the Friday rehearsal due to the shortage of parking.

I have read the behavior contract for the All-County Clinic and agree to abide by it.

Signature of Participating Student _____ Date _____

I have read the behavior contract for the All-County Clinic and agree to insure that my child complies with the contract.

Signature of Parent/Guardian _____ Date _____

I have read the behavior contract for the All-County Clinic and agree to insure that my student complies with the contract.

Signature of Music Director _____ Date _____

This form MUST be signed and returned to the director who will leave the form on file with the clinic chairperson.