

Oak Chorus

It's Time To Start Singing!

The Oak Chorus is for students in 3rd, 4th, 5th & 6th grades, who want to sing! Under the direction on Jill Denny (choral director at Mountain View High School) and with the assistance of MVHS Choir students, the class meets every FRIDAY morning @ 7:30am. This session the chorus will perform an assembly for the Oak Student body, and a world music choral concert in the Mountain View High School Spartan Theatre. We are looking forward to getting started!

If you would like to be a part of this exciting program please fill out the attached registration form, permission slip, and emergency form and a check for \$60.00 (made out to MVHS). Return them to the OAK SCHOOL OFFICE. The final deadline for registration is October 6, but we will begin accepting forms in the office tomorrow morning. Spots will be filled on a first come, first served basis.

Please make sure you are available for the extra rehearsal and performance dates before signing up for the class.

Rehearsal/Performance Dates

Rehearsals - Friday Mornings 7:30am - 8:20am

October 9, 16, 23, 30

November 6, 13, 20

December 4

- ❖ December 4 ~ 1:00 - 4:00 - Rehearsal @ Mountain View High School (We will walk students to Mountain View, and parents will pick up @ MVHS @ 4:00)
- ❖ December 5 - (Saturday) - 7:00pm - Concert @ Mountain View High School (Students will arrive @ 5:30pm)
- ❖ TBA - School Assemblies @ Oak School

Costume Requirements

- ❖ Black dress pants (parents provide)
- ❖ Black Shoes, Black socks (parents provide)
- ❖ White button up shirt with a collar - oxford style (parents provide)
- ❖ MVHS Coral Department will provide vest and bow tie

Office Use Only

Registration # _____

Oak Chorus Spring Registration Form

(Please fill out a separate form for EACH child)

Please return this form to the office no later October 6, 2009

Student Name: _____ Grade: _____

Gender: *(please circle)* Male Female

Teacher Name: _____

Room # _____

Child's T shirt size *(We will use this as a starting point for sizing vests)*

Youth XS S M L XL or Adult S M L XL

Parent's Names: _____

Phone Number: _____

Parent's Email Address:

_____ @ _____

*(This is our main form of communication and is extremely important:
Please print clearly.)*

_____ I have attached the payment of \$60.00 *(Please make checks payable to MVHS)*

_____ I am interested in helping size vests

_____ I will donate food for snack at the MVHS rehearsal

_____ I have completed and attached the field trip permission slip

_____ I have attached and completed the Emergency Health Form

OAK SCHOOL

Chorus Field Trip Permission Slip

When: December 4, 2009

Where: Mountain View High School

3535 Truman Ave, Mountain View, CA 94040

Contact Phone Number: Jill Denny - cell phone - 408-515-2985

My child, _____, has my permission to go on the Chorus Fieldtrip to Mountain View High School on Friday, December 4, 2009

- I understand transportation to Mountain View will be by foot. Students will leave campus after eating lunch at 12:45pm.
- I understand that I must pick my child up at 4:00pm at Mountain View High School. (Address above).

Pick up Location At Mountain View High School

Please copy this portion so you can be prompt in picking up your child.

The High School Theatre is on the corner of Truman and Bryant. There is a parking lot on that corner where you can park. We will be releasing students from the main theatre doors, and will check them out to you in person. We will not allow students to go out to the parking lot, or walk home without being released by a parent or other adult assigned by the parent in advance.

OAK CHORUS ~ EMERGENCY / HEALTH FORM

Student Name(last) _____
(first) _____
Street Address _____ Apt.# _____
City _____ Zip _____
Telephone # _____ Male _____ Female _____
Date of Birth _____

EMERGENCY INFORMATION - For the welfare of each student, it is important that the following information be on file in the Chorus Binder. We will also take this form with us when we travel.

Legal Guardians

Father/Stepfather

Address

Home Phone _____ Cell
Phone _____

Email address _____

Mother/Stepmother

Address

Home Phone _____ Cell Phone

Email address _____

In case this student becomes ill, and parents are not available, one of the following relatives, friends or neighbors may be called for assistance and may authorize my student

Name _____

Home Phone _____ Cell Phone _____

Name _____

Home Phone _____ Cell Phone _____

If this student becomes seriously ill or injured and a parent/guardian cannot be contacted, please list a physician who may be called.

Dr. _____

Address _____ Phone #

() _____

Or send this student by ambulance to _____

Hospital

PLEASE LIST ANY DIETARY RESTRICTIONS YOUR CHILD HAS ON THE BACK OF THIS FORM:

If there is a medical emergency I give my permission for Jill Denny to authorize medical treatment for my child.

Signature of Parent/Legal Guardian

Relationship to Student: _____