



GVSD Middle Years Choir Information Sheet

Student Name: _____ Grade: _____

School: _____ Music Teacher(s): _____

Email: _____

Phone Number: _____

Parent/Guardian name(s): _____

Emergency Contact name(s) & phone number(s):

I consent to my student's photo being used (such as in local newspapers/on divisional websites/etc.)

Musical Experience:

(i.e. Lessons, School/Community Ensembles, Church Involvement, etc.)

Voice Placement:

(Mrs. Urichuk and Mrs. Giesbrecht can help with this later, but for now we'd love to know YOUR preference)

I prefer to sing HIGHER/LOWER *(circle one)*

Anything else Mrs. Urichuk & Mrs. Giesbrecht should know?

We are very excited to work with you all & look forward to making some great music!

See you on Tuesday, April 10th for our first rehearsal in the GVC Choir Room (GVC East Building)