

Lake Highlands High School Choir Handbook

2026-2027

Please refer to our RISD Choir Handbook for all policies, procedures, and department information. You can always find up to date Choir calendars and specific current information on our Choir website: www.lhhschoir.org



Required Signature Pages to be returned by students are included with this packet. Please complete, sign, and return all pages with your student by Thursday, August 20th.

1. Extracurricular Guidelines Acknowledgement Form
2. Handbook Acknowledgement Form & Media Acknowledgement Form
3. Medical Release Form
4. Choir Activity Fee and Booster Club Membership Form

**2026-2027 Extracurricular Activity Acknowledgment
and Agreement Form**

Student Statement:

My signature below certifies that I have read and understand the RISD District-Wide Guidelines for Extracurricular Students. I agree to comply with all rules and regulations in these guidelines and any additional rules adopted by my school as a condition of participation as a member of an extracurricular activity. I understand that my failure to comply with these guidelines may result in disciplinary action, including dismissal from all extracurricular activities.

Printed Name of Student

Student Signature

Date Signed

Parent/Legal Guardian Statement (for students under 18 years of age):

My signature below certifies that I have read and understand the RISD District-Wide Guidelines for Extracurricular Students. I understand that my student must comply with all rules and regulations written in these guidelines and any additional rules adopted by my student's school as a condition of participation in an extracurricular activity. I understand that his or her failure to comply may result in disciplinary action, including dismissal from all extracurricular activities.

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date Signed

2026-2027 LAKE HIGHLANDS HIGH SCHOOL CHOIR

HANDBOOK ACKNOWLEDGEMENT FORM

This Handbook is distributed to all Lake Highlands High School Choir students and their parents. The information is intended to make your choir experience as positive and fulfilling as possible.

Please sign the following acknowledgement form and return it to the choir office. All forms must be on file before the end of the first six weeks.

Student's Printed Name _____

THIS IS TO CERTIFY THAT I HAVE RECEIVED AND READ THE 2026-2027 LAKE HIGHLANDS HIGH CHOIR HANDBOOK AND WILL OBSERVE ALL GUIDELINES FOUND THEREIN.

LHHS Choir Student Signature

Date

I HAVE RECEIVED AND READ THE 2026-2027 LAKE HIGHLANDS HIGH CHOIR HANDBOOK AND UNDERSTAND HOW IT APPLIES TO MY CHOIR STUDENT.

LHHS Choir Parent/Guardian Signature

Date

I grant permission for LHHS Choir to identify me by name or likeness or both in LHHS or RISD publications, either printed or electronic.

☐ Accept

☐ Decline

LHHS Choir Student Signature

I grant permission for LHHS Choir to identify my above named child by name or likeness or both in LHHS or RISD publications, either printed or electronic.

☐ Accept

☐ Decline

LHHS Choir Parent/Guardian Signature





RISD Fine Arts Department Authorization and Release for Student Travel

General Information

Throughout the year, your student's Fine Arts program may travel locally or out of the local area to performances, competitions, enrichment opportunities etc. Your student is eligible to attend if you choose to allow the student's participation. These trips are designed for enrichment, entertainment, and/or curriculum enhancement and your student's participation is completely voluntary. If a trip involves travel out of the local area, students will be responsible for meeting all financial commitments for the trip. Students represent the Richardson Independent School District and their school at all times. Student participation in this trip or any other activity is conditioned upon the student's compliance with all applicable rules and policies before and during the activity. Any student who engages in inappropriate behavior while away from RISD on a school-sponsored trip is subject to immediate removal from the activity at the parents' expense in addition to any other school discipline which may be administered.

This form provides basic information about the trip and seeks to gather important information about your student that is necessary during the trip. The activity sponsor will provide more detailed information and you will have the opportunity to ask questions to ensure you make a fully informed decision about your student's participation in this activity.

Please carefully read and complete all information requested on this form. Incomplete forms may delay your student's approval for the activity.

Student and Parent /Guardian Information *(Please print legibly and provide all requested information)*

Student's Full Name _____ DOB _____

Student's Address _____

Student Mobile Telephone # _____ Student Home Telephone # _____

Name(s) of Student's Parent(s)/Legal Guardian(s) _____

Address (if different from student) _____

Mother's Telephone Contact #s (Home, Mobile, Work) _____

Father's Telephone Contact #s (Home, Mobile, Work) _____

Name/Contact #s for Alternate Adult (Emergency Contact) _____

Name/Contact #s for Alternate Adult (Emergency Contact) _____

PRINTED Student Name: _____

PARENT/LEGAL GUARDIAN AUTHORIZATION & RELEASE

My signature below certifies that I (i) am the parent/legal guardian of the student named in this form and that I have full legal authority to make decisions concerning this minor child, (ii) have carefully completed the information requested on this form and the information is true and complete, (iii) have familiarized myself with the school-sponsored activity described in this form and I have had an opportunity to ask questions about any aspect of the activity, and (iv) authorize my student named herein to participate in the described activity, including the use of transportation through common carriers or other public or private means. I understand that the Richardson Independent School District and its employees will take reasonable steps to ensure the activity is conducted in a safe and responsible manner but I further understand and agree that my student could be injured or sustain other damage or loss. In consideration of the work by the Richardson Independent School District and its employees to plan and sponsor this trip and to allow my student to participate, on my own behalf and on behalf of my minor student named herein, I hereby release and hold harmless the Richardson Independent School District and its trustees, employees, agents, assigns, and volunteers from any claims or causes of action, including negligence, resulting from any damages, injuries, or other loss to my student, to me, or my family, arising out of or resulting from my student's participation in this trip.

In the event that my student is presented for or requires medical treatment or surgery or any other form of medical care or aid, I do hereby authorize the trip sponsors/chaperones to provide consent for my student to obtain such care and I authorize any medical provider to communicate or consult with such sponsors or chaperones about my student's medical treatment, including disclosing my student's protected health information. I understand that I am responsible for payment of all costs or charges related to medical treatment my student receives such as, but not limited to physician, hospital, x-ray, lab, drugs, and EMS.

Signature: _____ Signature: _____

Date Signed _____ Date Signed _____

Health-Related Information

1. List allergies to food, medications, other. (If None, state NKA.)
2. Describe all major health concerns and illnesses (*e.g.*, diabetes, epilepsy, allergies, heart issues, etc.) (If None, so state.)
3. Will the student be required to take any medication on the trip? If yes, describe. If no, so state.
List medication(s), their purpose, mode of administration, and any assistance the student requires
4. Date of last Tetanus injection:
5. Name/Address/Phone of family physician:
6. Does student wear (yes/no): glasses? _____ contact lenses? _____ hearing aid? _____ other assistive device? _____
7. Additional medical information or comments:

Insurance Coverage – Please attach a copy (front and back) of any medical and/or dental insurance card(s) under which the student is covered. Identify which carrier provides the primary coverage, if applicable.

Name of Parent who is the Policy Holder: _____

Lake Highlands Area Choir Activity Fee and Choir Booster Club Membership Form

Dear Choir Family,

Excellence, pride, and high musical standards are just a part of the rich tradition of Lake Highlands Area Choir Departments. These standards require the enthusiastic participation of every student, teacher, and parent. Your personal involvement and financial partnership are keys to providing the greatest opportunity for your talented children and are essential to assuring these choirs remain the best!

Choir Fees: Choir fees are paid by each singer in our programs. We depend on the Booster Club and our annual Choir Activity Fee for support! Our school budget doesn't even come close to covering the cost of our students' needs for the year! Our Lake Highlands Area Booster Club provides:

- ♪ Support for the Choral Departments at LHHS, FMMS, and LHMS.
- ♪ Scholarships for lessons, competition/audition fees, and required uniforms.
- ♪ Sheet music (a major expense), sound equipment and supplies, facilities improvements...and more!

Booster Club: At \$25 per family membership, the Booster Club is also a bargain. I hope those of you who can, will consider including an additional donation. Your contribution directly benefits YOUR child's choir. Together, as the tradition continues, we'll make 2026-2027 the best year ever! Thank you!

Kelly Moss & Jared Wade
Lake Highlands Choir

www.LHHSChoir.org

♪ ♪ Lake Highlands Area Choir Activity Fees/Booster Club ♪ ♪ Membership Form 2026-2027

Parent(s) Name(s) _____

Address _____ Zip Code _____

Phone _____ Email _____

1st Student's Name _____ Grade _____

School (circle one) LHHS / FMMS / LHMS Choir / Class period _____

2nd Student's Name _____ Grade _____

School (circle one) LHHS / FMMS / LHMS Choir / Class period _____

Choir Activity Fee (Required)

_____ \$20 per 6th Grade

_____ \$50 per 7th & 8th Grade

_____ \$125 per HS student

Booster Club Membership (Recommended)

_____ \$25 per family (Tax-deductible)

Additional Donation (Optional)

_____ Any amount (Tax-deductible)

_____ **TOTAL ENCLOSED**

Send this form with student with:
Check payable to **LHACBC** to the Choir Director at
LHHS / FMMS / LHMS

OR pay online
www.LHHSChoir.org
& click DONATE Button
(3% fee will be added with your payment total)

OR pay with Zelle at:
lhchoirs2015@gmail.com
Please notate your name, student, and
membership school in the memo.