

Parkway Music Ensemble Honors Grade Contract
2011-2012

Student's Name _____

Grade _____

Music Ensemble _____

Home Phone Number _____

Check Appropriate Semester:

- Junior Fall Semester
- Junior Spring Semester
- Senior Fall Semester
- Senior Spring Semester

I have thoroughly read the Mission /Rationale, Goals and Objectives and appropriate Semester Requirements for the Parkway Music Honors Option grade. I understand the expectations of this program and I agree to all of the requirements.

I understand the high expectations and rigor, associated with the Music Honors program, and plan to complete all requirements of this program this semester.

I understand that if I chose not to complete the program, at any point in the semester, there will be no grade penalty to, nor any additional bonus added to my ensemble grade.

I realize that the mere completion of these tasks does not guarantee that I will be awarded an Honors grade and the determination of the final grade will depend on the quality of my work as evaluated by the music faculty.

I realize that I must demonstrate ongoing personal growth and development of my musical and technical skills through these tasks.

Student's Signature _____

Teacher's Signature _____

Parent's Signature _____

Date Submitted _____