

Dance Department Handbook and Syllabus

I have read and understand the Dance Department Guidelines both the Syllabus and Handbook and will abide by those rules and regulations.

Student Name

date

Parent / Guardian signature

date

Parent / Guardian email address

phone number

I am fully aware of the financial obligation of \$75 per year for dance department fees.

Please choose one option.

One time fee
\$75.00 (cash or check made payable to CCMHS)

Fair Share Fee Payment Schedule

1. August 24th
\$25 DUE

2. August 31st
\$25 DUE

3. September 7th
\$25 DUE

Fair Share Fee Payment Schedule (created by you below)

<u>Payment</u>	<u>Date</u>	<u>Payment</u>	<u>Date</u>
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1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Financial Aid Request and Payment Request Form

We recognize the difficulties sometimes created with participation in activities that involve financial obligations. We do not want any child to be denied participation in the Dance Department due to financial difficulties! If financial difficulties arise, the Dance Department, as well as the Dance Director(s), will be happy to work with you to schedule payments that may better suit your family's needs. If a family has difficulty in meeting these payments, a written request for student sponsorship must be submitted to the Dance Director(s).

_____ I AM REQUESTING FINANCIAL ASSISTANCE. This will require a plan set by Director that is different to the above selections. Please understand that each student must fulfill his/her financial obligations, either through **sponsorship, fundraising, and / or work to be determined by the Dance Department.**

[] I can confirm a loss of job or major family disruption within the last year. *****Please submit a letter of circumstance addressed to the Dance Director(s) and School Administrator that includes your current living situation, working situation, financial situation, and any information relevant to award financial assistance.*****

NAME: _____

DATE: _____

PARENT SIGNATURE: _____

STUDENT SIGNATURE: _____

