

Parkway Music Ensemble Honors Grade Contract

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

Music Ensemble \_\_\_\_\_

Phone Number \_\_\_\_\_

Semester # of Honors Option 1 2 3 4

I have thoroughly read the Mission /Rationale, Goals and Objectives and Expectations of the Parkway Music Honors Option. 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 the program in its entirety this semester. I also realize that if I chose not to complete the program at any point in the semester there will be no grade penalty 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 \_\_\_\_\_