



Weighted Grade Program Enrollment Form

Name: _____ Instrument: _____

Date: _____ Course elected for weighted grades: _____

I, the student, understand the weighted grades course program at Yorkville High School, C.U.S.D. #115 as outlined at: www.yorkvillemusic.org/weighted

I also understand that the responsibility of receiving a weighted grade and completing the Yorkville High School Music Department C.U.S.D. #115 weighted grade program is a commitment that lies primarily on me. I understand that there are deadlines that must be met and guidelines that require me to be responsible for following a specific program of study, some of which I am responsible for choosing.

Furthermore, I understand that I will be graded, using the described tools of evaluation on the quality of work that I produce based on the course elections that I choose.

Signature of Student

Date

To Be Complete by Parent/Guardian:

I, the parent, have familiarized myself with the Yorkville High School Music Department C.U.S.D. #115 weighted grade program and fully support my child in this undertaking of furthering their music education and receiving a weighted grade. I also understand that the Yorkville High School Music Department Faculty will assist in furthering my child's music education to a more rigorous level through this program and that the responsibility of completing the requirements of the weighted grade program is primarily my child's.

Parent/Guardian Name Printed

Parent/Guardian Signature

Date