

# CLARK COUNTY SCHOOL DISTRICT EQUIVALENT CREDIT MUSIC PROGRAM (1/2 Credit Only) STUDENT APPLICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Present School: \_\_\_\_\_ Present Grade Level: \_\_\_\_\_

Instruction Desired (e.g., piano, vocal, etc.): \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Instructor's Address: \_\_\_\_\_

Location of Instruction: \_\_\_\_\_ Time: \_\_\_\_\_

Beginning Date of Instruction: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Total credits previously earned through alternative programs: \_\_\_\_\_

List previous courses of study or training in this area: \_\_\_\_\_

I understand and agree that during my child's participation in the Equivalent Credit Music Program, the Clark County School District and the administration and staff of my child's home school will not be responsible for accident or injury to my child. I assume full responsibility for my child when not on school property.

In addition, I assume responsibility for transportation and all expenses\*\* related to the program and agree that no refund will be made in the event my child does not complete the program.

I have read and understand the procedures and responsibilities outlined above and authorize my child to participate in the Equivalent Credit Music Program.

Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Student: \_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Music Instructor Date

\_\_\_\_\_  
Student's Counselor Date

\_\_\_\_\_  
Program Administrator, Secondary Fine Arts Activities

\_\_\_\_\_  
Home School Administrator Date

\* A minimum of 20 hours of instruction over a period of not less than 36 weeks is required.

\*\*Student fee is \$40.00 per 1/2 credit.

# PROCEDURES FOR EQUIVALENT CREDIT MUSIC PROGRAM

- Student shall:** Request private music instructor currently approved by the Clark County School District to complete Objectives and Timelines form (CCF-547).
- Request Student Application form (CCF-844) from the private music instructor.
- Complete the Student Application form (CCF-844) and secure all required signatures.
- Submit the completed Student Application form (CCF-844), the Objectives and Timelines form (CCF-547), and a check for \$40.00, (payable to the Clark County School District), to cover the program evaluator's fee, to Secondary Fine Arts, Curriculum and Professional Development, 3950 S. Pecos-Mcleod, Las Vegas, NV 89121.\*
- Fine Arts shall:** Distribute the designated copies of the Student Application form (CCF-844) and the Objectives and Timelines form (CCF-547) to the program evaluator who will consult with the private instructor regarding appropriateness of the program.
- Evaluator shall:** Schedule visits with the private instructor and the student (a minimum of two visits for one-to-one instruction and three visits for group instruction).
- Upon completion of the minimum required instructional time, review the student's progress with the instructor. If it is determined that the student has satisfactorily completed the program, the evaluator will complete a Notice of Credit Earned form (CCF-843) and forward the form to Secondary Fine Arts.
- Fine Arts shall:** Distribute completed copies of the Notice of Credit Earned form to school registrar and student.

\* Each student is responsible for the financial support of the evaluation visits. No refund will be made if the student does not complete the program.