



# COBB COUNTY SCHOOL DISTRICT

The Cobb Performing Arts 44th Anniversary Series in 2019-2020 will enhance your child’s academic curriculum with live educational arts performances in music, theatre, and dance. We depend upon voluntary contributions to fund off-campus or in-house live performances for elementary and middle school students. Each Cobb County middle school student will attend the following:

**Grade 6, 7, & 8** In-House Performances at the local schools or field trips arranged by our school to best suit the needs of our students

Please help to support your child’s arts education by giving your tax-deductible donation and join us in making exposure to the Arts possible for all Cobb County children! We hope that you will give the donation of \$14, but any donation is greatly appreciated!

For more information: <https://bit.ly/2raYzT0>

If you need further assistance, please contact Dr. Joseph Woodruff at [Joseph.Woodruff@cobbk12.org](mailto:Joseph.Woodruff@cobbk12.org).

## 2019-2020 Performing Arts Participation/Permission and Donation Slip

Student Name \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

**Please check one:**

My child has permission to participate in the Performing Arts Series 2019-2020, viewing a live performance at the local school or a field trip to a performance off campus.

My child does not have my permission to participate in the Performing Arts Series 2019-2020.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Cobb County School District, the Cobb County Board of Education, its successors and assigns, its members, agents, employees, representative thereof, as well as trip supervisors, from and against any claim which I, any other parent or guardian, any sibling, the student, and any other person, firm or Corporation may have or claim to have, known, or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the student’s participation in the Performing Arts Series or the rendering of emergency medical procedures or treatment, if any.

Parent/Guardian Signature \_\_\_\_\_

I am enclosing a donation of \$14.00 (tax-deductible) to support this program.

I am donating online through MyPaymentsPlus @ [www.mypaymentsplus.com](http://www.mypaymentsplus.com). I am donating \$ \_\_\_\_\_.

I am unable to donate the full amount at this time. Please accept my donation of \$ \_\_\_\_\_.

I would like to sponsor another Cobb County student with an additional donation of \$ \_\_\_\_\_.

Donations and permission forms are due between **August 19** and **September 9**, 2019 as your local school directs. Please submit payment for new students upon enrollment.

**Please note—Checks should be made payable to your child’s school, and change cannot be returned.**