

BEGINNING CLASSICAL GUITAR SYLLABUS
RIYER HEIGHTS INTERMEDIATE SCHOOL
2018-2019

Mr. Jonathan Hartling
Music Teacher



River Heights Intermediate school
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RHIS Music Website:

https://riverheights.cnusd.k12.ca.us/academics/electives_overview/hartling_s_class_page

Welcome to our class. Our goal is to teach you all we can about music and help you to become the finest and most knowledgeable musician possible. We believe that if you put forth the effort, the quality will follow. The study of music can be both rewarding and fun. This syllabus will be a guide to help you be successful in this class and to discover the joy of music.

Please read this syllabus carefully, it contains very important information. Keep it in a safe place while you are in this class as it may answer many questions that you might have.

Classroom Rules

1. Come to rehearsal prepared with a positive, supportive, and helpful attitude.
2. Follow directions the first time they are given
3. Allow the teacher to teach and the students to learn.
4. Respect others and their belongings. (This includes instruments!)
5. Always act in a safe manner. (Never play with food or gum in your mouth, this is dangerous!)
6. Keep your surroundings clean and be organized. (Cases must be put away at all times.)
7. Only music related questions are allowed during the first 40 minutes of class.

Materials

Hal Leonard Guitar Method Book 1
1 inch hard covered black 3 ringed binder
Pencil Pouch
3 Pencils
Pen
3x5 index cards
2 highlighters of different colors
Snark Tuner

School owned Guitars

The school has some guitars to loan out. If demand exceeds supply, the following priorities will be used to assign school instruments.

- Students who are not able to rent or purchase at this time due to financial strain (PLEASE NOTIFY THE TEACHER IMMEDIATELY IN WRITING).
- Students who have GPA's higher than a 3.0 and no N's or U's on their report cards.

Qualifying students and parents are financially responsible for any damage and all maintenance needed to keep the instrument in proper playing condition.

In the event that there are more students than instruments qualifying for a school instrument, a lottery system will be utilized to ensure fair distribution.

Participation

Students will receive five points per day. They will receive these points when they bring all of their materials to class, actively participate in the lesson, are seated in their chair by the time the tardy bell rings, and follow the class room rules.

Homework/ Class Work/ Tests

Homework and tests will be periodically assigned. Class work should be completed in a timely manner during class.

Grades

Class Participation 5 points per day (includes having materials and equipment)

Concerts and master classes 100 points

Tests, homework, classwork and paperwork usually 10 points

Concerts and Master Classes

This year we will be having three concerts and one master class.

Monday November 5th, 2018 MPR 2:30

Tuesday February 26th, 2018 MPR 2:30

RCC Masterclass (field trip) - TBA

Thursday May 30th, 2018 MPR 2:30

Extra Credit

Students can attend concerts and recitals for extra credit. To receive credit, you must bring a program signed by one of your parents/guardian the next school day. Off campus performances need to be approved by the band director ahead of time to make sure that it will count for extra credit. Students can also earn extra credit by providing their own guitar for the class. Extra credit cannot be applied to the behavior portion of a student's grade.

Electric Guitars

Electric guitars will not be permitted in this class. They often create distractions and will not be needed as this is a classical guitar class. Under no circumstances should an electric guitar be brought into the band room without the director's permission.

River Heights Intermediate School Code of Conduct Contract

Student's Name (Please Print) _____

By signing below, we agree with the policies and procedures set forth by the RHIS Music Program. We acknowledge that the purpose of these procedures and regulations is to create and enhance a successful learning environment. I promise to:

Please initial each of the rules verifying that you have read them.

- ____ 1. Come to rehearsal prepared with a positive, supportive, and helpful attitude.
- ____ 2. Follow directions the first time they are given
- ____ 3. Allow the teacher to teach and the students to learn.
- ____ 4. Respect others and their belongings. (This includes instruments!)
- ____ 5. Always act in a safe manner. (Never play with food or gum in your mouth, this is dangerous!)
- ____ 6. Keep my surroundings clean and be organized. (Cases must be put away at all times.)
- ____ 7. Only music related questions are allowed during the first 40 minutes of class.

every single day!

Student's Signature

Date

Parent or Guardian's Signature

Date

By signing on the line below you are verifying that you have received and read this handbook cover to cover and are aware of all the concerts and activities listed in it.

Student's Signature

Date

Parent or Guardian's Signature

Date

By working together we can achieve excellence!

Permission Slip

I give my child _____ permission to attend all of the activities associated with the RHIS music program.

Parent signature

Date

CORONA-NORCO UNIFIED SCHOOL DISTRICT
TRANSPORTATION PERMIT

Student _____ School _____

Dear Parent/Guardian:

Your consent is required to permit your child to be transported for extra-curricular activities such as band performances, athletic activities, student body or school sponsored club activities. No student will be permitted to participate in these activities when they occur off campus without a signed permission slip.

The transportation will be necessary for:

- Athletic Activities Student Body Club Activities
 Band Activities Other (Identify) _____

Please indicate your desire by checking and signing ONE (1) of the statements below:

_____ I DO permit my child to be transported by the Corona-Norco Unified School District or District approved charter bus service. *Other _____
 I hereby grant permission for the District to allow emergency medical treatment if required and accept liability for such treatment.

_____ I DO NOT permit my child to be transported by the Corona-Norco Unified School District.

 PARENT SIGNATURE

I can be reached at: _____
 ADDRESS _____ PHONE _____

In the event of an emergency. (Emergency #) _____

After signing, please return to your child's teacher. (Note: This form should remain in the possession of the authorized district employee during all trips.)

All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

Paper Copy-CUM Folder / Card Copy-Teacher

*Modifications
 P.S. #219(2036/47)

W.H.#504-75 (Rev. 1/91)

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CORONA-NORCO UNIFIED SCHOOL DISTRICT
AUTHORIZATION FOR EMERGENCY MEDICAL CARE (WAIVER)

For Office Use Only

Use ballpoint pen. Press hard so last copy is clear.

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for student-athletes who become ill or injured while under school authority, when parents or guardians cannot be easily reached.

1. STUDENT NAME: (last) _____ (first) _____ (m.i.) _____ GRADE: _____ DATE: _____
 ADDRESS: _____ SEX: _____ AGE: _____ DATE OF BIRTH: _____
 CITY: _____ ZIP: _____ PHONE: _____ SOCIAL SEC.#: _____
2. FATHER'S NAME: _____ PHONE: _____
 EMPLOYER: _____ PHONE: _____
3. MOTHER'S NAME: _____ PHONE: _____
 EMPLOYER: _____ PHONE: _____
4. Name of person, other than parent or guardian, who is authorized to approve emergency medical treatment. _____ PHONE: _____
5. FAMILY DOCTOR: _____ PHONE: _____
 FAMILY DENTIST: _____ PHONE: _____
 HEALTH INSURANCE CO.: _____ POLICY I.D. #: _____
 AGENT: _____ PHONE: _____

In the event reasonable attempts to contact parents at the above locations, or other person(s) named in item 4 above fail, full authorization is given for (1) the administration of any treatment deemed to be necessary by a medical practitioner; and (2) the transfer of son/daughter or ward to any medical practitioner; and (3) the transfer of son/daughter or ward to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and given to provide Authority and Power on the part of school authorities and aforesaid agent(s) to give reasonable care. Facts are given below concerning the student's medical history which a medical practitioner should know.

Blood Type: _____ Allergies: _____ Allergies to Specific Medication(s): _____

Glasses or Contacts: _____ False Teeth or Bridgework: _____ Last Tetanus Booster: _____

Any previous significant medical problems: _____

 SIGNATURE OF PARENT OR GUARDIAN

 DATE