STUDENT RECOMMENDATION FORM

To be completed by the student's high school band director. Return via mail or email.

Students requesting membership must also complete the online Fredericksburg Concert Band membership application.

No student will be considered for membership without an official recommendation from the high school band director.

Student's Name:	Instrument:				
High School:	School Phone:				
HS Band Director:	BD Direct Phone #:				
HS Band Director Email:					
DIRECTOR'S RECOMME Please rate your student's ab	NDATION oilities in the following categories using the followi	ng the following	rubric scale.		
0 1 2 - Unacceptable	Improvement Needed	5 6	7 8 Acceptable	9 10 Outstanding	
A: Musical Ability	C: Dependability		E. Attendance		
B: Character	D. Attitude		F. Punctuality		
PARTICIPATION RECORD ,	# YEARS (indicate # of years for each	n that apply)			
Symphonic Band	honic Band Marching Band		Woodwind	Woodwind Ens.	
Jazz Band	Concert Band	Pep Band	Percussion	Percussion Ens	
OTHER PERFORMANCE AG	CTIVITIES / YEARS (indicate # of year)	ears for each that a	apply)		
All-District Band	All-VA Auditions		Community Band		
All-County/City Band	All-VA Band/Orch		Private Lessons	Private Lessons	
Solo / Ensemble	Other		Other		
ADDITIONAL COMMENTS	:				
FINAL RECOMMENDATI	ON:	56	8	9 10	
NOT Recommended	Recommend w/ Reservation				
Director's Signature		Date	2		