



**Garland Independent School District**  
**Visual and Performing Arts Department**  
501 S. Jupiter Road  
Garland, TX 75042  
972-487-3174  
<http://www.garlandisd.net/finearts>  
[kscaplin@garlandisd.net](mailto:kscaplin@garlandisd.net)

# APPLICATION FOR ENROLLMENT

## MUSIC ENRICHMENT PROGRAM

**2021-2022 SCHOOL YEAR**

### \_\_\_\_ **NEW APPLICANT AND RENEWAL FOR 2021-2022**

#### PERSONAL INFORMATION

Name (Last, First, Middle): \_\_\_\_\_ Date: \_\_\_\_\_

Maiden Name or other name(s) used: \_\_\_\_\_ Male: ☐ Female: ☐

Date of Birth: \_\_\_\_\_ Drivers License No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

For Private Lesson Instructor: \_\_\_\_\_ Voice \_\_\_\_\_ Instrument

What instrument(s) do you wish to teach? \_\_\_\_\_

Which grade levels do you wish to teach?	_____ 6-8 Middle School Only	_____ 6-12 Middle & High School	_____ 9-12 High School Only
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**I understand that in accordance with Senate Bill 9, my fingerprints must be recorded and on file with the State of Texas BEFORE I am allowed to teach in Garland schools. I further understand that violation of this law will result in my permanent removal from the GISD Music Enrichment Program.**

**As an applicant for the Music Enrichment Program with Garland ISD, I understand that as part of the approval process, the district conducts an annual criminal history background check. I understand that the district may use any information provided during the application process, which includes the completion of this document, in performing the criminal history check.**

Signature \_\_\_\_\_

\_\_\_\_\_**I have already been fingerprinted through a Texas Public School in compliance with Senate Bill 9.**

## **Contract Agreement between Music Enrichment Teachers and the Garland Independent School District**

The Music Enrichment Teacher, as an independent contractor with the Garland Independent School District, agrees to the following terms:

1. I understand that in order to teach private music enrichment lessons in the GISD, I must first submit the proper application, including the recommendation of a GISD music staff member. I must complete the music enrichment application and sign this contractual agreement.
2. I understand that the Music Enrichment Program is under the direct supervision of the GISD Director of Visual and Performing Arts. All local rules and/or regulations are expected to be followed.
3. I agree to provide music instruction to any student enrolled in a regular music program of the District for the amount of \$18.00 per lesson for Middle School students and \$20.00 per lesson for High School students.
4. I will work with campus teachers to schedule lesson times that do not conflict with other academic activities.
5. I agree to attend all scheduled lessons, unless prevented by illness or other good cause, and to give students reasonable notice of no less than twenty-four hours, except in cases of emergency, when lessons must be missed. In all cases, the campus teacher is to be notified on any day that the music enrichment teacher must miss a scheduled lesson.
6. I agree to communicate with GISD music staff concerning absences, student progress, and common goals to enhance student's musical experience.
7. I agree to dress and act in a professional manner toward directors, students and parents.
8. I understand that I will be required to obtain a GISD picture identification badge and wear it while on any GISD campus.
9. I agree to allow my name, telephone number and teaching area to be published on the GISD Intranet (accessible only within the GISD) so that teachers may contact me.
10. I agree to comply with all applicable laws, Board policies, and rules pertaining to, but not limited to, dress and conduct, and the use and/or possession of drugs, alcohol, tobacco, or weapons on District property.
11. I agree to turn in an accurate accounting of lessons taught at each campus to the campus teachers on the approved GISD form and by the dates specified. I understand that failure to turn in these reports on time for three months during any school year will result in the immediate cancellation of this agreement between the District and the Music Enrichment Teacher.
12. I am a principal, agent or independent contractor of the GISD, and I understand and acknowledge that in such capacity I am not an employee or volunteer of the District. I agree to hold harmless the Garland Independent School District, its employees, agents, representatives, and Board of Trustees, from and against any and all claims, causes of action, damages, losses, and expenses, including attorney's fees, arising out of or resulting from the use of the Garland Independent School District's facilities for the purpose of teaching music.
13. I understand that I am solely responsible for reporting all income generated from teaching music enrichment lessons on school property to the Internal Revenue Service as I will not be receiving a W2 or 1099Misc from the Garland Independent School District.
14. I understand that if I am an employee of the GISD, I may not collect any fees for lessons provided to any student on the campus where I teach.

Independent Contractor's Signature

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Printed Name

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Date

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Music Enrichment Teachers who have been previously enrolled in the Garland Music Enrichment Program do not need to complete the remainder of this application or have a GISD music teacher recommendation. Please submit the first page of the application along with the contract agreement to the Visual and Performing Arts Department.

EDUCATION BACKGROUND		
High School/Colleges Attended	Years Attended	Degree(s) Earned

If no degree in music has been earned, specify number of hours in music courses\_\_\_\_\_

MUSICAL BACKGROUND (INCLUDE NUMBER OF YEARS OF PRIVATE STUDY, TEACHERS WITH WHOM YOU HAVE STUDIED, AND MUSICAL ORGANIZATIONS WITH WHICH YOU HAVE PERFORMED)

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PAST TEACHING EXPERIENCE (INCLUDE TYPE OF TEACHING, LOCATION AND DATES)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

1-Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

2-Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

3-Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

**REQUIRED** RECOMMENDATION FROM A GARLAND INDEPENDENT SCHOOL DISTRICT MUSIC DIRECTOR:  
I RECOMMEND THIS APPLICANT FOR ENROLLMENT AS A MUSIC ENRICHMENT TEACHER IN THE GARLAND  
INDEPENDENT SCHOOL DISTRICT'S MUSIC ENRICHMENT PROGRAM.

Signature

Date

PRINTED NAME: \_\_\_\_\_

**PLEASE READ AND SIGN**

I have read and understand the terms and conditions of my enrollment as a Music Enrichment Teacher for the Garland Independent School District. I understand that I am not allowed to teach any lessons on a GISD campus until all of my paperwork has been completed and I have been approved to teach.

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Signature:

Printed Name:

Date:

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