

# Rock Springs Middle School Band Practice Record

Name \_\_\_\_\_ Period \_\_\_\_\_

Week of \_\_\_\_\_ to \_\_\_\_\_

Please enter the total number of minutes per day you practiced on music and assignments. Practice records are due with a parent signature every Friday as part of your grade and will be accepted through the following Friday.

**Primary Assignment(s)/Goals for the Week:**

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Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL

*I confirm that I/my child practiced the number of minutes entered.*

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student's Signature

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