***West End Band Program***

***Student Information***

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level \_\_\_\_\_\_\_\_\_\_

­­­­­­­­­­­Instrument \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #1 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian #2 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P/G #1 Relation to student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P/G #2 Relation to student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P/G #1 home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P/G #2 home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P/G #1 work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P/G #2 work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P/G #1 cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P/G #2 cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Please indicate which phone numbers we should try first \*

Parent E-mail addresses ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print clearly) ￼

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\*For West End Band updates\*

**BAND HANDBOOK ACKNOWLEDGEMENT & AGREEMENT**

*Please read the West End Band Handbook online*: **www.westendband.weebly.com**

We have read the West End Band Handbook and agree with all expectations and policies. We have also made note of the dates listed on the band calendar and have adjusted our family’s schedule accordingly. We understand we are making a yearlong commitment to the band program.

I as a parent/guardian of my child also agree that:

The West End Band has my permission to honor my child publicly, including in the media.

The West End Band has my permission to photograph/record performances of my child for the media and web publications.

\*\***If you do not agree to this, please mark through the permission statements above**.\*\*

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_