

Band Student Information

Student Information

Student Name: _____

Grade: _____ Homeroom Teacher: _____ Team _____

E-mail Address (Used only for reminders) _____

Parent/Guardian Information

Parent/Guardian Name: _____

Cell/Home Phone: _____ Work Phone: _____

E-mail: _____

How would you like Ms. Slade to contact you? (Please circle options)

Cell/Home Phone Work Phone E-mail Talking Points

In order to have a successful band program, our parent organization (WMS Band Boosters) is very important. The WMS Wolves Band needs help from its parents and families. The WMS Band Boosters will hold a couple of evening meetings throughout the school year. Where can you help?

I (parent) can help with:

<input type="checkbox"/> Refreshments at events <input type="checkbox"/> Organizing Fundraisers <input type="checkbox"/> Moving Equipment <input type="checkbox"/> Cleaning Up after Concerts <input type="checkbox"/> Taking Pictures at Events	<input type="checkbox"/> Supervising students & helping at events <input type="checkbox"/> Chaperone Field Trips (7 th & 8 th Grade – Must complete WCPSS Volunteer Registration – See the front office) <input type="checkbox"/> Other _____
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For the Parent: I have read and understand the information contained in the band handbook, including the following sections: Schedule, Grades, Performances, Uniform, Class Materials, Home Materials, Lessons, and Band Boosters. I agree to uphold these standards for my child as a member of WMMS Wolves Band.

PARENT SIGNATURE DATE

For the Student: I have read and understand the information contained in the band handbook, including the following sections: Schedule, Grades, Performances, Uniform, Class Materials, Home Materials, Lessons, and Band Boosters. I agree to abide by these standards as a WMMS Wolves Band Member.

STUDENT SIGNATURE DATE

