



## Beginner Band Sign-Up form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Instrument: \_\_\_\_\_

*I give my child permission to participate in Beginner Band. I am aware of the rehearsal schedule and concert dates. I read the grading policy and I understand that my child needs to be picked up from school no later than 3:45 after a band rehearsal.*

Parent/Guardian Signature \_\_\_\_\_

Parent email address: \_\_\_\_\_

*\*a frequently checked email address will be used to share changes in rehearsal schedule, newsletters and other communication*

Home telephone number: \_\_\_\_\_

Cell phone number (optional): \_\_\_\_\_

Tear off and return to Mr. Schaefer before **Thursday, September 20<sup>th</sup>**