

CMS Bands Student Information Sheet

First Name: _____ Last Name: _____

Preferred Name: _____ Birthday: _____

Grade (circle one): 6th 7th 8th Homeroom: _____

Home Address: _____

City: _____ State: GA Zip Code: _____

Home Phone: _____ Instrument: _____

Mother's Name: _____

Place of Work: _____ Email Address: _____

Work Phone: _____ Cell Phone: _____

Father's Name: _____

Place of Work: _____ Email Address: _____

Work Phone: _____ Cell Phone: _____

*** We will be using email and the Band website for effective communication this year. Please keep us updated on any email changes and please be sure to check the Band website as much as possible for updated information***

CMS Band Parent Volunteer

During the year there will be times when we will need parent assistance in many different ways. Please check below any areas in which you would be willing to help out during the year. Thank you in advance for your support and dedication!

_____ Assist during the school day with things such as paperwork, filing, photocopying music, or sorting music.

_____ Assist during the school day with computer data entry or typing.

_____ Assist with counting/recording fundraising money during the school day.

_____ Assist with counting/recording fundraising money after school.

_____ Chaperone field trips (could be during the school day or after school).

_____ I would be willing to serve in any way I can.

Band Handbook Acknowledgement

I have read and fully understand the contents of the 2015-2016 CMS Band Handbook. I am aware of the policies, expectations, regulations, and consequences involved. I realize that in order for the Band Program to operate smoothly and for the students to reach their goals and potential I must uphold and respect all of the contents of the Band Handbook.

Student Signature

Student Printed Name

Parent Signature

Date