

Please print (Parent should fill out):

PLEASE RETURN TO THE BAND DIRECTOR BY: September 7th (5 points credit)

STUDENT NAME _____

GRADE _____

HOME PHONE _____

CELL _____

INSTRUMENT _____

BAND HOUR _____

PARENT EMAIL ADDRESS _____

**I have read and understand the Handbook for the FHS Bands, located at www.fentonbands.org
I am aware of the concert dates and requirements for the band program.

Parent Signature

Parent Signature

Student Signature

Date