

Student's Last Name (PRINT)

RISING STARR MIDDLE SCHOOL BAND PROGRAM FAMILY INFORMATION FORM

ADDRESS INFORMATION:

ALTERNATE ADDRESS (if necessary)

Address: _____

Address: _____

City: _____ State: ____ Zip _____

City: _____ State: ____ Zip _____

Home Phone: _____

Home Phone: _____

STUDENT INFORMATION	FATHER'S INFORMATION	MOTHER'S INFORMATION
First Name: _____	First Name: _____	First Name: _____
Last Name: _____	Last Name: _____	Last Name: _____
Nickname: _____	E-mail: _____	E-mail: _____
E-mail: _____	Opt. 2 nd E-mail: _____	Opt. 2 nd E-mail: _____
Grade in 2009-10: _____	Occupation: _____	Occupation: _____
Birthdate: _____	Company: _____	Company: _____
Instrument: _____	Cell Phone: _____	Cell Phone: _____
	Work Phone: _____	Work Phone: _____

VOLUNTEER OPPORTUNITIES: Volunteers are important to the success of the band program. Please check each activity in which you would be willing to participate. The director or band volunteer coordinator will contact you as events are scheduled.

Mom Dad

- Chaperone Festival / Football Games
- Help with Band Picture Day
- Help with car wash / yard sale fundraisers
- Help with fundraiser pick-up days
- Help with craft fair (if scheduled)
- Help with M.S. football concessions

Mom Dad

- Help with other fundraisers
- Send food for Honor Band Hospitality
- Staff Honor Band Hospitality Room
- Serve as "Band Parent" *
- Other: _____
- Other: _____

* The Band Parent would be a contact person associated with an individual band (6th / Concert / Symphonic) to whom the director/coordinator could turn to help recruit and coordinate activities involving their band, such as bus chaperones to festival, fundraiser pick-up day, picture day help, etc.

I do do not authorize the use of my student's name or picture for use in news media or stories about the band.

Parent/Guardian's Signature

Date