

LaSalle Academy Bands

Student Information Form

Name: _____

Instrument: _____

Grade: 5 6 7 8

Homeroom Teacher: _____

Address: _____

Zip Code: _____ Phone #: _____

Student Email Address: _____

Mom's Name: _____

Dad's Name: _____

Home Phone Number: _____

Mom's Work Phone: _____

Dad's Work Phone: _____

Email Address #1: _____

Email Address #2: _____

Email Address #3: _____

Parent Name (Printed): _____

Parent Signature: _____

Band Director Use Only

Date Received: _____

Received By: _____