Stephenson High School

BAND REGISTRATION FORM 2019-2020 Please Print Legibly

Instrument:

Grade

Student's Name:

Band (check one): Marching	Concert/Symph	nonic Both	
Date of Birth:	Age:	Height	Weight:
Address:	City	State GA	
Zip: Cell Pho	ne:		
PARENT/GUARDIAN INFORMATION			
ather's Name:		Mother's Name	e:
Occupation:		Occupation:	
Vork Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
ather's e-mail address:			
Nother's e-mail address:			
Please write legibly as this may be our primary means to contact you for information/announcements			
football games, etc.) ,	nereby grant permiss such as football gan	sion for my son/dau nes, concerts, etc. I	ghter to participate in any county understand that permission slips for trending such events.
Parent's Signature:	Da	ate:	
My child has his/her personal instrument. I understand the 2019 honorarium is \$400.			

My child will be using a school instrument. I understand that my child and I are responsible for any

damage, other than normal wear, done to this instrument. . I understand the 2019 honorarium is \$400