



Student Information Form

(Please write legibly – at least ONE valid email is required)

Student Legal Name			
	Last	First	M.I.
Student Preferred Name (Nick Name)			
		Male/Female	Grade
Parent #1 Name			
	Last	First	Relationship
Parent #2 Name			
	Last	First	Relationship
Mailing Address			
	Street		
	City	Zip Code	Home Phone
Student Email:		Student Cell #:	
Parent #1 Email:		Parent #2 Email:	
Parent #1 Cell #:		Parent #2 Cell #:	
Parent #1 Work #:		Parent #2 Work #:	

2016-2017 Performing Groups (Check all that apply)

Ensemble	Period		Ensemble	Period	
Concert Band		<input type="checkbox"/>	Treble Choir		<input type="checkbox"/>
SWE/Marching Band		<input type="checkbox"/>	Advanced Women's Choir		<input type="checkbox"/>
Jazz Ensemble		<input type="checkbox"/>	Men's Choir		<input type="checkbox"/>
Orchestra – 5 th Pd		<input type="checkbox"/>	Madrigals		<input type="checkbox"/>
Orchestra – 6 th Pd		<input type="checkbox"/>			

Primary Instrument: _____	Secondary Instrument: _____
Voice Part (if known) _____	# of Years Sung/Played _____
Private Lessons? _____	Instrument for Lessons _____
Private Teacher _____	Phone/Email _____