

Beginner Band Permission Slip

____ Yes, I want to participate in beginner band.

____ No, I do not want to participate in beginner band.

If yes, please fill out the following information:

Student First Name: _____ Student Last Name: _____

Student Grade: _____

Parent Name: _____

Parent Email: _____

Parent Phone: _____

***PLEASE JOIN US FOR A PARENT INFORMATION NIGHT ON JUNE 1ST, 2022
@6:30PM IN THE BAND ROOM REGARDING INSTRUMENT FITTING/RENTAL***

Parent signature:
