



# Beech High School Marching Band Student Information

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Student's Name: \_\_\_\_\_

Instrument/Guard: \_\_\_\_\_ Grade(fall): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Student Cell : \_\_\_\_\_

Student Email Address: \_\_\_\_\_

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Father's Name: \_\_\_\_\_

Father's Address (if different from student):  
\_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell : \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Area of special skills: (art work, wood work, etc.) \_\_\_\_\_

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Mother's Name: \_\_\_\_\_

Mother's Address (if different from student):  
\_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Area of special skills: (art work, wood work, etc.) \_\_\_\_\_

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**Student and Parent:** Please sign and date acknowledging that you understand the program as it has been outlined. Turn this form in before leaving the meeting tonight.

Parent: \_\_\_\_\_ Date \_\_\_\_\_

Student: \_\_\_\_\_ Date \_\_\_\_\_