

**Highland High School
Band Information 19-20**

Student's Name: _____ **Graduation Year:** _____

Instrument: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Student's Email:** _____

1st Parent/Guardian Name: _____

1st Parent/Guardian Cell Phone #: _____

1st Parent/Guardian Email: _____

2nd Parent/Guardian Name: _____

2nd Parent/Guardian Cell Phone #: _____

2nd Parent/Guardian Email: _____

Student's food allergy/dietary restrictions (if any):

Would you be interested in being part of the booster club? **Yes:** _____ **No:** _____

_____ **Initial** – We agree to give our email address to the band boosters so we will be able to receive information concerning the band and our child's participation thereof.

_____ **Initial** – We agree to allow the HHSIMBC to reproduce through printed, audio, visual or electronic means activities in which your pupil has participated in this program

Please return this form to Ms. Freise in the band room, or email a scanned copy.