



Aloha High School Instrumental Music Program

STUDENT AND PARENT INFORMATION FORM

2017

Student Name:		BSD Student ID#: _____	
		Graduation Year: <input type="checkbox"/> 2018 <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021	
Home Street Address:		Student's Home Phone:	
		Student's Cell Phone:	
City, State Zip:		Student's email:	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	T-shirt Size: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	Shoe Size:	
Band(s): <input type="checkbox"/> Symphonic Band <input type="checkbox"/> Wind Ensemble <input type="checkbox"/> Jazz Band		<input type="checkbox"/> Marching Band <input type="checkbox"/> Color Guard	
Class instrument:		Marching instrument (if different):	

Parent/Guardian: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____	
Name:	Main Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Address (if different):	Alternate Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
City, State Zip:	Email:

Parent/Guardian: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____	
Name:	Main Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Address (if different):	Alternate Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
City, State Zip:	Email:

We extensively use email to keep parents informed of performance events, fundraisers, and last-minute schedule changes. We share contact information only with other volunteer chairpersons in the program and/or program instructors. We do NOT share with groups outside the music program. If you do not want information shared within the program, please identify what is to be kept confidential. **If contact information is kept confidential, we will not contact you in that manner and you will need to rely on your student to keep you informed.** *Identity information that is not to be shared:* _____

COMPLETE AREA BELOW FOR MARCHING BAND/COLOR GUARD ONLY

Participating in Marching Band Program? <input type="checkbox"/> Band <input type="checkbox"/> Color Guard	
Dietary restrictions (vegetarian, gluten or lactose intolerance, food allergies, etc.):	
Marching Band Uniform Check Out: You are responsible for the care and maintenance of your uniform during the marching band season. Uniforms and rental shoes will be turned in at end of season. I understand that I am responsible for the care and maintenance of the Aloha High School marching band uniform issued to me. I also understand that the replacement cost of one uniform is in excess of \$450 and if the uniform or accessories require repair or replacement, I am liable for those charges.	
Student Signature: _____	Date: _____
Parent/Guardian Signature: _____	Date: _____