**SALLISAW BANDS STUDENT**

**STUDENT INFORMATION**

Student First Name Student Last Name

Student Address Student City Student State Student Zip Student Email

Student Home Student Cell Grade (2015/2016) Instrument (Marching)

Tee Shirt Size: List any ADDITIONAL sizes of show shirts you would like

 

**DATA FORM 2016-2017**

**PARENT/STUDENT REQUIRED CHECKLIST**

*Parent Initial*

\_\_\_\_\_\_ My child and I have read and understand the Sallisaw High School Band Handbook and agree to abide by its policy/procedures.

\_\_\_\_\_\_ I have read and attached a signed copy of the Sallisaw Schools Drug Testing Policy.

\_\_\_\_\_\_ I have read and attached a completed copy of my child's Medical Forms

\_\_\_\_\_\_ I allow my child's photo to be used in a positive way on Sallisaw Bands website

\_\_\_\_\_\_\_ My child understands the importance of going to www.sallisawbands.org weekly to check the calendars, weekly updates, as well as to sign up for important events, etc. In addition I understand the password for the member’s page is "band2016".

\_\_\_\_\_\_\_My child & I understand that we can receive free text alerts by texting @8787d to (918) 779-0412.

Parent Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_

**PARENT INFORMATION**

Mothers First Name Mothers Last Name Mothers Home Phone Mothers Cell Phone

Mothers Email

Fathers First Name Fathers Last Name Fathers Home Phone Fathers Cell Phone

Fathers Email

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