

**Please circle one-      BAND                                  ORCHESTRA**

Child's Name \_\_\_\_\_ Student ID \_\_\_\_\_

Parent Name (Please Print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

5<sup>th</sup> Grade Classroom Teacher \_\_\_\_\_ Current School \_\_\_\_\_

Next Year's School Assignment \_\_\_\_\_

Prior Instrument Experience (Circle One) Yes No Instrument (if yes) \_\_\_\_\_

Instrument Preference (or undecided) 1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_