
BAND STUDENT INFORMATION FORM

(update electronically at www.charmsmusic.com or turn it to the band office)

SLCSD STUDENT ID NUMBER _____ CURRENT SCHOOL _____

STUDENT NAME (First, MI, Last) _____

ADDRESS _____ ZIP CODE _____

YOUR BEST CONTACT # (_____) _____ - _____

CURRENT GRADE _____

INSTRUMENT _____ ANY OTHER INSTRUMENTS YOU PLAY _____

BIRTHDATE ____/____/____ MALE _____ FEMALE _____

PRIVATE TEACHER ___ YES ___ NO IF YES, WHO _____

DO YOU HAVE INTERNET AT HOME? _____ NO _____ YES

DO YOU HAVE AN EMAIL ADDRESS? _____ NO _____ YES _____
(YOUR EMAIL ADDRESS HERE)

DO YOU HAVE A TEXT CAPABLE CELL PHONE? _____ NO _____ YES _____
(CHECK YES & INDICATE YOUR CELL # ABOVE TO RECEIVE TEXT INFORMATION REGARDING BAND)

MOTHER NAME (FIRST, LAST) _____ FATHER NAME (FIRST, LAST) _____

PHONE # _____ PHONE # _____
W _____ W _____
H _____ H _____
C _____ C _____

ADDRESS, CITY, STATE & ZIP _____ ADDRESS, CITY, STATE & ZIP _____

E-MAIL ADDRESS HOME _____ E-MAIL ADDRESS HOME _____

E-MAIL ADDRESS WORK _____ E-MAIL ADDRESS WORK _____
