

5th Grade Band Information Form

Please return to Mr. Stehura ASAP!

PLEASE PRINT

Student's Name: _____

Homeroom Teacher: _____

Street Address: _____

City and Zip: _____

Name of
Parent/Guardian: _____

Phone: _____ Email: _____

Name of
Parent/Guardian: _____

Phone: _____ Email: _____

Instrument you want to play: _____

How do you plan to get an instrument and book to start band? (Family, Rent, Purchase)

*Will your student be attending the free Summer Group Lesson Program on Wednesdays?

Yes

No

(See attached lesson group info.)