



Aloha High School Instrumental Music Program STUDENT AND PARENT INFORMATION FORM

2011 Form #1

Student Name:	BSD Student ID#:
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	Graduation Year: <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> 2016 <input type="checkbox"/> 2017
Class Instrument:	

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
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
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 events, fundraisers, and last-minute schedule changes. We share contact information with newsletter volunteers in the program. 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.**
Identify 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			
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:	
Marching instrument:		Class instrument (if different):	
Dietary restrictions/preferences (vegetarian, 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 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: _____		Parent/Guardian Signature: _____	
Date: _____		Date: _____	