

BAND SIGN UP FORM - 5th Grade

2nd Year Returning Member

Please complete this form and return to your classroom teacher by Friday, September 16th.

Student's Name: _____ Instrument _____

School: _____ Teacher: _____

Please check the appropriate box(es):

- Yes! I want to take band lessons again this year.
- Yes! I also plan to play in Advanced Band Ensemble on Tuesday nights. (see attached schedule)
- I have decided not to continue with band this year (Parent Signature required) – *you do not need to complete the rest of the form*
Parent Signature _____

Parent Names _____

Phone(s) _____

Email(s) _____

Address(s) _____

Band lessons will begin the week of September 26th. You will find out your child's lesson day and time prior to this date.

Requests to "switch" instruments require approval of the parent and Mrs. Clark via phone or email. It is recommended that you continue with your current instrument.

Questions/Comments/Notes:

Kim Clark
kclark@sau29.org
352-8012

www.sau29.com/keeneelementaryband298.html