

WILLIAM LENOIR MIDDLE SCHOOL PARENT /GUARDIAN INFORMATION

Student's Name: _____

Student's Address: _____

Home Phone # : _____

Student Cell Phone # : _____

Student Email Address: _____

Student Grade Level: _____

Father/Guardian's Name: _____

Address: _____

Work Phone : _____

Cell Phone: _____

Email Address: _____

Occupation : _____

Mother/Guardian's Name: _____

Address: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Occupation: _____

Are you interested in working with the band? Check the items below that you would be willing to do:

- _____ Help with fundraisers
- _____ Chaperone band trips (elementary schools, band festivals, etc.)
- _____ Chaperone band concerts (seating with students during concert)
- _____ Trailer that the band can use to move equipment
- _____ Drive an Activity Bus for the band
- _____ Publicity correspondent (newspaper articles, radio, etc.)
- _____ Call on an "as needed" basis
- _____ Other _____

I/We have read and agree to follow and support the expectations for band for the 2023-2024 school year.
I/We also understand that my/our child is expected to be present at all required events.

Student Signature _____

Parent Signature _____

****Return this form to Mr. Reid no later than Friday September 1
The return of all forms will be recorded as a test grade.**