

Gainesville High School Bands Student Registration Form

Student Name _____ Student GTID # _____

Home Phone # _____ Student Cell # _____

T-shirt size S M L XL 2XL

Date of Birth _____ Instrument _____

Current year in School: 8 9 10 11 E-mail Address _____

Mailing Address _____

City _____ Zip _____

Fathers Name _____ Home Phone # _____

Fathers Cell # _____ Fathers e-mail _____

Fathers Mailing Address _____

City _____ Zip _____

Mothers Name _____ Home Phone # _____

Mothers Cell # _____ Mothers e-mail _____

Mothers Mailing Address _____

City _____ Zip _____

(CIRCLE ONE)

Student lives with: BOTH PARENTS FATHER MOTHER GUARDIAN

In the case of an emergency please contact:

Please register my student for band for the 2016-17 school year.

Parent Signature _____

Date _____

RETURN COMPLETED FORM BY MARCH 2, 1016