



Cario Middle School Band Student Information Sheet

For Use of Cario Band Boosters Only Form #1

Letter LN _____ Student ID: _____

Added - Date: _____ Dropped - Date: _____

Student First Name			Middle Name			Last Name		
Address				City, State			Zip	
Student Home Phone			Student Cell Phone			Student Email		
Member of Chorus <input type="checkbox"/> Yes <input type="checkbox"/> No			Grade <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8					
Student Gender			Student Birthdate			Instrument		
Private Teacher			<input type="checkbox"/> Personal Instrument			Brand/Serial #		

Adult #1 **Same Address & Home Phone as Student**

Relationship to Student: Mother Father Stepmother Stepfather Aunt Uncle
 Grandmother Grandfather Guardian Sister Brother Other

Prefix: Mrs. Ms. Dr. Rev. Mr. First Name _____ Last Name _____

Address _____ City, State _____ Zip _____

Work Phone _____ Home Phone _____ Cell Phone _____

Email _____ Occupation/Skills _____

Adult #2 **Same Address & Home Phone as Student**

Relationship to Student: Mother Father Stepmother Stepfather Aunt Uncle
 Grandmother Grandfather Guardian Sister Brother Other

Prefix: Mrs. Ms. Dr. Rev. Mr. First Name _____ Last Name _____

Address _____ City, State _____ Zip _____

Work Phone _____ Home Phone _____ Cell Phone _____

Email _____ Occupation/Skills _____

Booster Club Interests: Box Tops Chaperones Band Classroom Helper Fundraising Committee Lollipop Sales Uniforms General Volunteer