

NEW STUDENT CONTACT SHEET

If you are already in band or color guard and in Charms, you do NOT have to fill this out.

Please print clearly

Student Name: _____

School ID Number: _____

Current Grade: _____

Home Phone: _____

Street Address: _____

City, State, ZIP: _____

Please list all food allergies: _____

Parent 1

Parent 1 Name: _____

Parent 1 Home Phone: _____

Street Address: _____

City, State, ZIP: _____

Parent 1 Email: _____

Parent 2

Parent 2 Name: _____

Parent 2 Home Phone: _____

Street Address: _____

City, State, ZIP: _____

Parent 2 Email: _____

Completed by: _____ **Relationship to Student:** _____
Print name

Signed: _____ **Date:** _____
Signature