

Riverside Middle School Band

Geoffrey Rosché, Director

STUDENT INFORMATION FORM *2011-2012*

Student's Name: _____

Mother's Name: _____

Father's Name: _____

Other Guardian (s) : _____ Relationship: _____

_____ Relationship: _____

Grade: _____ Period: _____

Band Shirt Size

YL S M

L XL 2XL

Home Address: _____

Home Phone: (_____) _____

Day Time Phone: (_____) _____

Parents E Mail Address: _____

Parent's Work Phone: (_____) _____

----- 7th & 8th Graders Only -----

Instrument: _____

Instrument Information: _____ Personal Instrument _____ School Owned Instrument

Make (Name Brand): _____ Model Number: _____

Serial Number: (Check Carefully): _____