

# BAND ENROLLMENT FORM

## BETHLEHEM CSD MUSIC DEPARTMENT

STUDENT NAME: \_\_\_\_\_

PLEASE CIRCLE CURRENT ELEMENTARY SCHOOL:

Eagle    Elsmere    Glenmont    Hamagrael    Slingerlands

CLASSROOM TEACHER: \_\_\_\_\_

### PARENT/GUARDIAN NAME(S), EMAILS(S), CONTACT PHONE NUMBER(S):

Please put an "X" next to the person(s) who should be primarily contacted about your son or daughter's participation in the program, and the best way to be reached during the school day.

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

### PLEASE WRITE INSTRUMENT PREFERENCES

(choices: flute, clarinet, alto saxophone, trumpet, French horn, trombone, baritone, tuba, or percussion)

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

### PRIOR EXPERIENCES/ EXTRA INFORMATION

Has your son or daughter had any prior musical experience, for example: piano lessons, guitar lessons, orchestra in 4<sup>th</sup> grade, etc? Is there anything else that you would like us to know?

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