

# *Student Information Form*

**RETURN TO MR. GROE BY FRIDAY, SEPT. 16. (This information will remain confidential and is necessary to have on hand for reference)**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_ City/ZIP: \_\_\_\_\_

Student Cell Phone Number:

\_\_\_\_\_

Name of Primary Parents/Guardians \_\_\_\_\_

Parent email: \_\_\_\_\_

Daytime/work phone number: \_\_\_\_\_

Parent cell (in case of emergency): \_\_\_\_\_

List any special medical conditions or allergies.

\_\_\_\_\_

T-shirt size (circle one): S M L XL XXL

If you own your own instrument, please complete the following information.

Instrument: \_\_\_\_\_ Brand/Model: \_\_\_\_\_

Serial No.: \_\_\_\_\_

*This information will be kept strictly confidential and will be accessed only by the director (or a parent chaperone in case of an emergency).*