

Lassiter High School Band
2014-2015 General Information Form

Full Name: _____ **Graduation class of** _____
Last First Middle

Address: _____ **Birthdate** _____
Street Address

_____ **Gender:** M ____ F ____

Student cell phone: _____ **Student email:** _____

Middle School Attended: _____ **T Shirt Size:** S M L XL

Instrument: MB _____ **Concert** _____ **Own() Rent() School ()**

If owned/rented _____
Manufacturer Model # Serial Number Rental Location

Allergies: _____

Current Medications: _____

Special Medical Problems: _____

Is this your first year in the Lassiter Band: Yes () No ()

Participating in which band: Marching () Concert () Both ()

Participating in color guard: Yes () No ()

If in Concert Band: Symphonic I () Symphonic II () Concert I () Concert II ()

Student Name: _____

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Student lives with: Both Parents () Mother () Father () Legal Guardian ()

Mother's Name: _____ Custodial Parent Yes () No ()
Last First Middle

Address: _____
Street Address City State Zip code

Phone: _____
Home Work Cell

Email address: _____ Employer: _____

Title: _____ Occupation: _____

Father's Name: _____ Custodial Parent Yes () No ()
Last First Middle

Address: _____
Street Address City State Zip Code

Phone: _____
Home Work Cell

Email Address: _____ Employer: _____

Nearest Relative/Name & Address _____

Phone: _____
Home Work Cell

Are you a sibling of a former or current band member: Yes () No ()

If yes, who: _____