

5th Grade Band Interest Form

I WOULD LIKE MY CHILD TO PARTICIPATE IN THE BAND TESTING PHASE OF DISTRICT #117'S BAND PROGRAM:

Student's name _____

Address _____

City _____ State _____ Zip code _____

School _____ Room # and Teacher _____

Home Phone (____) _____ Parent Work Phone (____) _____

Parent Name _____ Parent Signature _____

Does your child play the piano? Y____N____ How many years/months? _____

Does your child play another instrument? (If so, what) _____

Please list any band instruments you may have in your home:

Please list your child's other activities:

This form DOES NOT register your child for band. It allows your child to test the instruments only. Registration and parent meeting information will come home at a later date.

**PLEASE RETURN THIS FORM TO YOUR CLASSROOM
TEACHER IMMEDIATELY! (WITHIN 3 SCHOOL DAYS)**