

Stafford Middle School Band Handbook Agreement

My child and I have read the Stafford MS Band Handbook and understand fully the content contained and the spirit of intent by which it is written. We also understand that if at any time, and/or for any reason, my child cannot follow the policies and guidelines set forth by the director, classroom teachers, or school administration, he/she will be subject to consequences stated in the band handbook as well as the Stafford Middle School Handbook. Furthermore, we realize the severe consequences involved with missing a concert performance. We are all here to work together to make Stafford Middle School Band an outstanding organization. We also acknowledge our intent to contribute positively, as a parent and student, to the Stafford MSD Band Program.

Parent / Guardian Signature

Date

Student Signature

Date

What is remind? Remind is a free text messaging app that helps teachers, students, and parents communicate quickly and efficiently. Messages are sent in real time to an entire class, a small group, or just a single person. The website is free to use however text message data rates may apply. With remind it will allow me to send reminders about: chair tests, events, band fees, fundraisers, etc. We know you have a lot going on so let us help you remember important band events.

I give my child permission to sign up for remind

Parent / Guardian Signature

Band Fee- \$40

The Band Fee is required for all students and includes the concert uniform, a band T-Shirt (which is worn for special band events), and instrument accessories. Some of these include: books, REEDS FOR ALL WOODWINDS, band pencils, valve oil, slide grease, slide oil, cork grease, key oil, mallets/sticks, general maintenance, etc.

Checks are to be made out to SMSD Band and fees are due by

Stafford Band Medical Information Form

Please PRINT all information LEGIBLY

Student's Name _____ Sex M F Age _____ Date of Birth _____

Student's Social Security Number _____ Student's Grade in School _____

Parents' Names _____

Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Phone _____ Email _____

Family Physician _____ Phone _____

Insurance Company _____ Employee I.D. # _____

Coverage Verification Phone # _____

Please list any medical history information we need to be aware of

List medications and dosages being taken and the condition requiring medication:

PERMISSION TO TREAT

I _____ the parent/guardian of _____
(Print Parent's name) (Print Student's Name)

give any Stafford Municipal School Band Director permission to authorize medical treatment for my child in case of emergency during a Stafford Band Function. **I also give my permission for my child to participate in all trip/functions with the band program.**

(Parent Signature) (Date)

PERMISSION TO PARTICIPATE IN FUND RAISING ACTIVITIES

I give my child _____ permission to fundraise for the Stafford High School Band Program.
I understand that I will be responsible for any money and/or product not turned in.

(Parent Signature) (Date)

All permissions are valid for one calendar year from signature date.