

# WESTVIEW BANDS 2017-18 STUDENT INFORMATION

Please fill out all of the information on this form. We need to have complete and accurate records so we can communicate important information to you during the year, and be able to reach parents/guardians in case of an emergency.

**Student's Name:** \_\_\_\_\_ **BSD Student ID#** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Grade:** 9 10 11 12      **Gender:** M / F      **T-Shirt Size\*:** XS S M L XL XXL  
\*\*Freshman and new members will receive one t-shirt for free, all others may purchase additional t-shirts at Registration

**What instrument(s) do you play for Band Class?** \_\_\_\_\_

**What instrument do you play for Fall Marching?** \_\_\_\_\_

**Student's Email Address** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Cell Carrier:** \_\_\_\_\_ **Can receive text?**  Yes  No

**CONTACT INFORMATION**

When cell carrier information provided, the band program can send out communication via text for free. Carrier charges may apply for you receiving text depending on your plan.

**Mother/Guardian's Name** \_\_\_\_\_ **Home #** \_\_\_\_\_

**Address** \_\_\_\_\_ **Work #** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Cell Carrier** \_\_\_\_\_ **Can receive text?**  Yes  No

**Father/Guardian's Name** \_\_\_\_\_ **Home #** \_\_\_\_\_

**Address** \_\_\_\_\_ **Work #** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Cell Carrier** \_\_\_\_\_ **Can receive text?**  Yes  No

We use email as the primary way to communicate important program information to parents and students. We do not provide email addresses to anyone else, and use them only for internal communication purposes. Please provide us with an email address that you check regularly

**Mother's Email** \_\_\_\_\_

**Father's Email** \_\_\_\_\_

If you do not have regular access to email communications, please indicate a preferred alternate method to receive communications from the band program:

\_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Please check box if information has changed from previous year

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This medical form is optional and can be used only if you feel your student has a medical need we should be aware of. Due to District policy, we will not provide OTC (over-the-counter), non-prescription medication to your student.

**MEDICAL INFORMATION** *(Please ensure that you also fill out the BSD form including "Health History". This is normally supplied at Wildcat Days)*

**Please list any health/medical issues we should know about** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list any allergies like pollen, peanuts, food, bee stings, medication, etc**

\_\_\_\_\_

\_\_\_\_\_

**Please list any medications that the student is currently taking and for what reason**

**Medication** \_\_\_\_\_ **Dosage** \_\_\_\_\_ **Reason** \_\_\_\_\_

**Medication** \_\_\_\_\_ **Dosage** \_\_\_\_\_ **Reason** \_\_\_\_\_

Due to District policy, we will not provide OTC (over-the-counter), non-prescription medication to your student.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Insurance Provider** \_\_\_\_\_ **Gp. /ID #** \_\_\_\_\_