Veterans Memorial High School Orchestra
Information Sheet
Please Print

Last Name _____ First Name _____ Student ID _____

Student Email _____

Home Mailing Address _____

City _____ Zip _____ Student T-Shirt Size (Youth or Adult?) _____

Mother/Guardian's Name _____ Cell Phone & Provider (AT&T, etc…) _____

Mother/Guardian Email Address(s) _____

Occupation _____

Father/Guardian's Name _____ Cell Phone & Provider _____

Father/Guardian Email Address(s) _____

Occupation _____

PLEASE READ THE HANDBOOK CAREFULLY BEFORE SIGNING BELOW

"We have read the VMHS Orchestra Handbook and our student has permission to participate in orchestra and all orchestra activities within the guidelines as stated."

Parent/Legal Guardian Signature _____ Date _____

"I have read the VMHS Orchestra Handbook and agree to abide by all policies stated. I understand that failure to follow policies or directions may result in disciplinary actions that could read to dismissal from the VMHS Orchestra.

Student Signature _____ Date _____