School :
Student Name:
Parent/Guardian Name:
Parent/Guardian e-mail:
Parent/Guardian Phone:

*Parent/Guardian Signature: _____

Which instrument would your child like to play?

Please circle the three (3) instruments you would like to play and indicate whether it is their 1 st, 2nd, or 3rd choice.

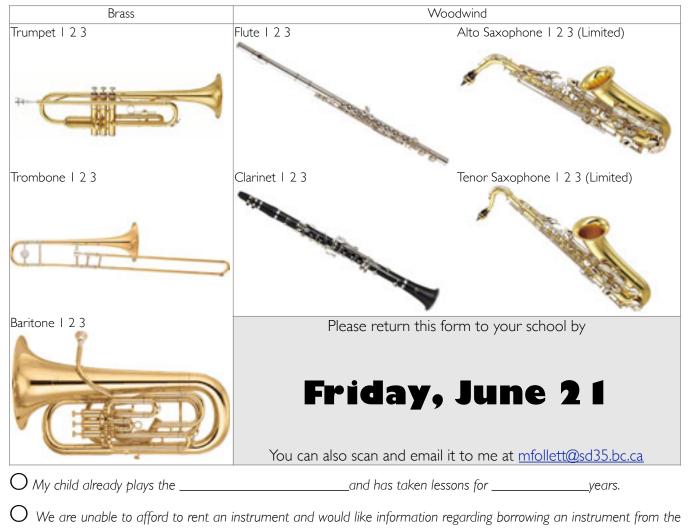
These are the only options for beginners at the beginning of the year, but if your child is interested in another instrument or already plays another instrument, or you simply have questions about the band program please contact me.

So I can help your child select an instrument they can be successful on:

- please trace your child's hand on the revers of this form.
- 2. let me know if your child has or will be getting braces or has other dental issues.

*If your child would prefer to take Classroom Music instead of band, please sign below.

Parent Signature required



Langley School District that may be provided at no cost for students-in-need. Mr. Follett (<u>mfollett@sd35.bc.ca</u> - 604.530.2151- Local 235)