

Sissonville High School Music Department

Standard Student Contract/ Agreement

Student Information

Student Name _____ Grade _____

Mailing Address _____

City, State, Zip _____ Home Phone _____

Student's e-mail address, if any _____

Instrument(s) _____

Parent Information

Parent(s) Name(s) (M) _____ (F) _____

Parent(s) Work Phone #'s (M) _____ (F) _____

Parent(s) e-mail address (M) _____

(F) _____

"I have read and understand the Sissonville High School Band Handbook. I agree to abide by all policies set forth in this document and understand the consequences for violating said policies. I do hereby give the band permission to use any and all pictures/ videos of my child's performance while participating in the band program. Furthermore, I understand that I am committed to participating in the Sissonville High School Band for the duration of 1-year and have reviewed all the deadlines set forth in this document. I agree to pay any and all fees that may apply while participating in this program."

Student Signature Date _____

Parent Signature Date _____

Corey F. Green, Director of Bands

Calvin McKinney, Principal

THIS DOCUMENT MUST BE RETURNED TO MR.GREEN BY:
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