

LaSalle Prep School Band
INFORMATION FORM

Name:

Address:

City, State: **Niagara Falls, NY**

Zip Code: 1430____

Phone Number:

Parent/ Guardian's Name:

Parent/ Guardian Cell Phone:

Parent/ Guardian e-mail: _____@_____._____

My son/ daughter has permission to participate in the LaSalle Prep School Band Program for the 2018-19 School Year.

I understand that the commitment is for the entire 2018-19 school (September 1, 2018- June 30, 2019) and includes time outside of the school day.

Parent Signature:_____

Student Signature:_____

Date:_____

LaSalle Prep School Band 2018-19

Instrument Rental Form

Student Name: _____

Grade: _____ Home Base Teacher: _____

Instrument: _____

(The same one you played this year, unless a change has been approved by band director.)

Yes! I need an instrument for 2018-19!

No, I have my own instrument!

Please note: The Music Department rents their instruments on a summer/school year basis. Rental forms will be distributed when all the instruments have been inventoried and all reservations received.

Parent Signature: _____

Student Signature: _____

Date: _____

ALL RENTAL FORMS ARE TO BE RETURNED BEFORE
WEDNESDAY, September 12, 2018.