

**BOB JONES HIGH SCHOOL BAND  
REGISTRATION AND DIRECTORY INFORMATION**

Please complete the following in its entirety (see back).  
Make sure to get student and parent signatures on back.  
**PLEASE CAREFULLY PRINT ALL E-MAIL ADDRESSES.**

**Student's Name** \_\_\_\_\_

Instrument(s) \_\_\_\_\_ Grade next Fall \_\_\_\_\_

Contact Information:

Student's Primary Address \_\_\_\_\_

Student's Home Telephone \_\_\_\_\_ In directory? Yes \_\_\_ No \_\_\_

Student's e-mail:     *E-mail addresses will only be used for Band information.*  
\_\_\_\_\_ In directory? Yes \_\_\_ No \_\_\_

**Mother's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's e-mail:  
\_\_\_\_\_ home ----In directory? Yes \_\_\_ No \_\_\_  
\_\_\_\_\_ work -----In directory? Yes \_\_\_ No \_\_\_

**Father's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's e-mail:  
\_\_\_\_\_ home ----In directory? Yes \_\_\_ No \_\_\_  
\_\_\_\_\_ work -----In directory? Yes \_\_\_ No \_\_\_

**Emergency Contact Name and Phone Number(not home or work)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication, Allergies, or other special information: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE FILL OUT OTHER SIDE ==>**