



[www.lithoniaband.com](http://www.lithoniaband.com)  
[lithoniaband@gmail.com](mailto:lithoniaband@gmail.com)

# Lithonia High School Marching Band Student Registration Form

## ***Student Information***

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Student Cell: \_\_\_\_\_

School (Circle): LMS LHS Grade Level: \_\_\_\_\_ Instrument: \_\_\_\_\_

## ***Emergency Contact Information***

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

Relationship to Student: \_\_\_\_\_

Family Physician/ Healthcare Provider: \_\_\_\_\_

Office Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## ***Parent (Legal Guardian) Information***

Mother's Name: \_\_\_\_\_ Work Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_ agree to pay all mandatory band activity fees for the 2016- 2017 school year. I understand that if my child's band activity fees are not paid in full by the designated due date(s), then my child will not be permitted to participate in marching band activities.

\_\_\_\_\_  
Parent Name (Printed)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date