



# TEAGUE MIDDLE SCHOOL BAND

## STUDENT INFORMATION

Student Name: \_\_\_\_\_  
(Please Print) Last First Middle Initial

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Gated Community? Yes \_\_\_ No \_\_\_ If yes, name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Would you like to receive band information by e-mail? Yes \_\_\_ No \_\_\_

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Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Emergency Work Number \_\_\_\_\_

Cell Phone Number : \_\_\_\_\_ E-mail address: \_\_\_\_\_

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Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Emergency Work Number \_\_\_\_\_

Cell Phone Number : \_\_\_\_\_ E-mail address: \_\_\_\_\_

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Guardian's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Emergency Work Number \_\_\_\_\_

Cell Phone Number : \_\_\_\_\_ E-mail address: \_\_\_\_\_

*All information is confidential. Please notify the band office of any changes.*