

PARENT INFORMATION FORM

Please fill out the information requested below. The information will be used to compile mailing and phone lists for Dr. Curtis, Band Boosters, and mentor families.

Work numbers are for emergencies only and will not be published.

Student's Name _____

Mother's/Guardian's Name _____

Address _____

Preferred Phone Number _____ Alternate Number _____

Work Phone Number _____ Name of Employer _____

E-Mail Address _____ Occupation _____

Father's/Guardian's Name _____

Address _____

Preferred Phone Number _____ Alternate Number _____

Work Phone Number _____ Name of Employer _____

E-Mail Address _____ Occupation _____

Do you have resources or contacts through yourself, employer, relatives, or friends that might help the band (financial support, equipment to donate, free publicity, sewing, electrical skills, building or construction skills, food distribution, beverage distributors, CDL for driving equipment for the band, etc.)? Yes ____ No ____

If yes, what are the resources/contacts _____
