



Oak Ridge Middle School Bands Parent Student Contract

Student Name _____ **Grade** _____

Mailing Address _____

Home Phone _____ **Emergency Day Phone** _____

Parent Names _____

Parent email at home _____

Work email: Mother _____

Father _____

Circle your shirt size

Youth Small Youth Medium Youth Large Youth X-Large

Adult Small Adult Medium Adult Large Adult X-large Adult XXL

- I have read and discussed the band class policies and procedures with my child. I agree to support and follow these policies and the goals of the program.
- I understand that evening performances are a part of the curriculum in this class and that my child is required to attend these events.
- I understand that concerts require specific clothing and my child will comply (see OMS Manual)
- I understand that the OMS Band Fee is required to provide class materials for my child.
- I understand that I may contact the director at any time with questions or concerns.
- I understand that daily home practice (75 minutes per week) is required for my child and that his/her progress, grade and future in band will rely heavily on that commitment.
- I certify that the information at the top of this form is correct to the best of my knowledge and that I will work cooperatively with Mr. Reese to provide any type of support needed for my child to be successful in band.

Parent Signature _____ **Date** _____

Student Signature _____ **Date** _____

Fee Paid _____ **Date** _____