

**\*\*\*With this form, you have 2 options:**

1. Fill this page out and return.
2. Log into [www.charmsoffice.com](http://www.charmsoffice.com)  
Enter "WesterMSBand" under Parent/Student Login  
Enter your student's ID number for Student Password  
Update/Enter information on the screen.  
When completed, write "Updated on Charms" on this page and return.

**Student's Name** \_\_\_\_\_ **Band Class** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

Instrument \_\_\_\_\_ Locker Assignment \_\_\_\_\_ Combination \_\_\_\_\_

Private Teacher \_\_\_\_\_

Same address and phone information for \_\_\_\_\_ Mother \_\_\_\_\_ Father

**Mother's Name** \_\_\_\_\_

Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email \_\_\_\_\_

## **PARENT VOLUNTEER INFORMATION**

Before volunteering, please complete the MISD Background Check. This can be found out:

[https://mansfield.quickapp.pro/apply/applicant/start?\\_ref=eff2f70ca50d43279741a824007b83aeee92a7b885ad5c450166d3b556b14796](https://mansfield.quickapp.pro/apply/applicant/start?_ref=eff2f70ca50d43279741a824007b83aeee92a7b885ad5c450166d3b556b14796)

Please circle the activities in which you would like to participate:

Chaperone

Concert Decorating

Fundraising

Dance Decorating

Uniform Help

Any other area of need \_\_\_\_\_

# HANDBOOK ACKNOWLEDGMENT FORM

**PLEASE SIGN, DETACH, AND RETURN THIS PAGE BY  
August 30, 2018**

Band to which you are assigned: (circle one)

Honors Band

Symphonic Band

Concert Band

Beginner Class

We have read and understand the Wester Middle School Band Handbook.

I, \_\_\_\_\_, along with my parents understand  
(please print)  
what is expected of me and intend to abide by this handbook for the success of myself  
and the organization in which I am a participant. I also understand that failure to abide  
by the guidelines in this handbook may result in being placed in a non-performing  
instrumental class.

\_\_\_\_\_  
*Student Signature*

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

\_\_\_\_\_  
*Date*

**Wester Middle School Band  
Medical Information and Release Form  
2018-2019 School Year**

Fill in this form completely and return to the band office. Notify the band office as soon as possible if any changes need to be made to this information.

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

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

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

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

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

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Alternate Emergency Contact Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Family Doctor \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Student's Insurance \_\_\_\_\_

Policy Number \_\_\_\_\_

List any allergies the student has (including drug allergies)

\_\_\_\_\_

List any medications that are being taken

\_\_\_\_\_

List any conditions that may restrict physical activity

\_\_\_\_\_

I do hereby give Nathan Wood and Christin Alkhazshvily, or their designees, the authority to seek medical attention for the above named student in the event of an emergency or in any situation that requires medical attention.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**PARENT’S PERMISSION RELEASE AND INDEMNITY  
FOR FIELD TRIPS**

I hereby certify that my son/daughter, \_\_\_\_\_, has my permission to participate in the field trips with the Wester Middle School Band during the 2018-2019 school year.

To the best of my knowledge he/she is physically fit to engage in such activity and is not suffering from any disease or injury. I agree and do hereby waive and release all claims against the Mansfield Independent School District and any teacher, employee or other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my son/daughter for any personal injury or illness that may be suffered or any loss of property that may occur.

I understand that reasonable measures will be taken to safeguard the health and safety of my son/daughter and that I will be notified in the case of an emergency. In the case of an accident or sickness, I authorize the calling of a doctor or the providing of other medical services.

It is understood that no child will be allowed to participate in any activity until this form is signed by his/her parent/guardian.

Signed at \_\_\_\_\_, Texas, this \_\_\_\_ day of \_\_\_\_\_, 2018.

Signature of Parent/Guardian \_\_\_\_\_

Phone Numbers \_\_\_\_\_  
\_\_\_\_\_

# WESTER MIDDLE SCHOOL BAND UNIFORM ORDER FORM

Student Name \_\_\_\_\_

Band Class \_\_\_\_\_

## **Informal Band Uniform (Wester Band Shirt)**

T-Shirt Size Needed (Adult Sizes):

\_\_\_\_\_S      \_\_\_\_\_M      \_\_\_\_\_L      \_\_\_\_\_XL      \_\_\_\_\_XXL

(Additional \$3 fee required)

This is the time to order additional shirts for parents and family members! A limited number of extra shirts will be ordered, so get yours now.

## **Formal Band Uniform (Tuxedo Shirt and Black Bowtie)**

(If you already have one and it still fits, there is no need to order another.)

\_\_\_\_\_ Yes, I need a tuxedo shirt and bowtie.

\_\_\_\_\_ No, I already have a tuxedo shirt or I will purchase one on my own.

\_\_\_\_\_ I have a tuxedo shirt and need to purchase black bowtie.

Measurements will be taken during class time.

Band T-Shirt	\$15 or \$_____ (if ordering more than one)
Tuxedo Shirt/Bowtie	\$20 (if needed)
Bowtie Only	\$5
Total Attached	\$_____

**\*\*\*If paying by check, please make checks payable to Wester Band.**

**FORM DUE 8/30/2018**

**Mansfield Music Enrichment Program  
Supplemental Music Instruction  
Student Registration/Parental Permission**

- I wish for my child to participate in the Mansfield Music Enrichment Program (MMEP).
- I have received a copy of the MMEP Guidelines for Participation and agree to abide by all its conditions and policies. (in Band Handbook)
- I understand that the cost of instruction is \$18.00 per lesson payable monthly in **advance**.

Student \_\_\_\_\_ (Print name)

Parent/Guardian Signature: \_\_\_\_\_

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

City: \_\_\_\_\_

Zip: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Instrument(s)/Vocal: \_\_\_\_\_

School: \_\_\_\_\_

Band/Choir/Orchestra Director: \_\_\_\_\_

*Please return this registration form to your child's band director as soon as possible.*

To be completed by the Private Instructor

Private Instructor \_\_\_\_\_

School \_\_\_\_\_

Lesson day and time assigned \_\_\_\_\_

Director's approval signature \_\_\_\_\_