

Edison Band Student Information Form

General Contact and Emergency Information
Graduate 8th Grade Spring of [] ←- year

Last Name: [] First Name: []

Instruments(s) []

Address: [] [] [618__]
(Street) (City) (Zip Code)

Parents/Guardians: []

Home# [] Work# Father [] Work# Mother []

MOTHER: Cell# [] E-Mail []

FATHER: Cell# [] E-Mail []

STUDENT: Cell# [] E-Mail []

Will be used for emergencies only

We will attempt to contact parents first, please list alternate contact name and number.

Emergency Contact

[] []
Full Name: Phone #

Physician Information

[] []
Physician Name Phone#

[]
Physician's Affiliation

Preferred Hospital (local): []

Please list allergies or allergic reactions to medications:

[]
[]

Edison Middle School Band Room
Attn.: Edison Band Patrons Treasurer
306 W. Green St.
Champaign, IL 61820