Cario Middle School Band Program
Personnel Record

_____First letter of Last Name Instrument Played_____

Current School Year_____

Student's Full Name_____

Full Address_____ Zip Code_____

Subdivision / Neighborhood_____ Grade_____
(ex: Brickyard / The Retreat)

E-Mail_____ Birthday_____

Alternate E-Mail_____

Home Phone_____ Emergency Phone_____

Parent's Name(s)_____

Father's Occupation_____ Place of Employment_____

Father's Work Phone_____ Cell Phone_____

Pager #_____ Fax #_____

Mother's Occupation_____ Place of Employment_____

Mother's Work Phone_____ Cell Phone_____

Pager #_____ Fax #_____

Student's Instrument Serial Number_____ Brand_____

Private Lesson Instructor_____ Phone #_____

The Cario Bands Program provides band fees assistance for students who are enrolled in the CCSD Free / Reduced Lunch Program due to financial hardship. Will you be applying for band fees assistance?

_____ yes _____ no

If yes, please fill out the "Application for Full / Partial Waiver of Band Fees" included in this packet.