

**EWHS BAND Participation Agreement**

Student Contact Information

Name: \_\_\_\_\_

Student's Cell Phone (optional): \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Please return this signature sheet to your teachers as soon as possible. Your signatures below acknowledge receipt and understanding of the course outline.

We have read and understand the rules/standards and the Personal and Academic Honesty sections of the syllabus. I (student) will abide by the rules/standards and consequences established in these materials.

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

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

Primary Parent/Guardian Contact Information

Name: \_\_\_\_\_

Best Day Phone: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_

Best Night Phone (home): \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

**Reminder:**

**BOOSTER MEETING  
TUESDAY, SEPTEMBER 18<sup>TH</sup>, 6:00PM  
EDMONDS-WOODWAY  
COURTYARD (OR GREAT HALL)  
7600 – 212<sup>TH</sup> St SW  
Edmonds WA 98026**