



The Pride of Mayfield

6116 Wilson Mills Rd.
Mayfield Village, OH 44143

(440)-995-6858
Noshaben@mayfieldschools.org



Student Information Sheet

Please CLEARLY fill in all applicable spaces and return by June 1st

Student Name _____

Student email _____

School ID # _____

Date of Birth _____

Year you will graduate _____

MB Instrument _____ CB Instrument _____

Home phone # _____

T-shirt size (S, M, L, XL, XXL) _____

Address _____

City _____ ZIP _____

Parent/Guardian Info

Mom _____

Mom email _____

Mom cell # _____

Mom work # _____

Dad _____

Dad email _____

Dad cell # _____

Dad work # _____

Other Guardian(s) _____

Relation _____

Phone # _____

Email _____

ALL-TEXT/CALL Phone Numbers and Email THAT YOU WANT FOR MESSAGES. Fill in all.

Student Cell # for ALL-CALL/TEXT _____ Parent/Guardian Phone # for ALL-CALL _____

Parent/Guardian Email for important updates _____

Other activities you are involved with this Fall?

Please list here the dates of any possible conflicts that may require you to be excused from any rehearsals or performances up until the start of school in August. Please keep in mind, 100% attendance and cooperation is necessary to reach each of our program's goals. If you are taking Band as an Independent Study, list your schedule for your attendance for the fall.

I _____ plan to participate in 2015-2016 Pride of Mayfield High School Band program.

Student Signature _____

Parent Signature _____