BISHOP BLANCHET GRADE SCHOOL BAND PROGRAM
REGISTRATION FORM

St. John School

PLEASE PRINT:

Student Last Name_____ First _____

Phone _____ Circle One: M F Grade _____

Mailing Address _____

_____

Email Address: _____

Instrument _____

Circle One: Beginning Band Advanced Band

I give my permission for _____
(print student's name)
to enroll in band. I understand that Bishop Blanchet High School will provide instruction twice weekly, excepting school holidays and other conflicting school events not in the control of Bishop Blanchet High School. Classes cancelled by Bishop Blanchet will be made up in June.

I understand that I will be billed $50.00 per month, October 2014 through June 2015 through, and payable to, St. John School.

Signed _____ Date _____

Print _____

Cancellation: 30 days written notification