



# Marriotts Ridge High School Music



12100 WOODFORD RD.  
MARRIOTTSVILLE, MD 21104  
410- 313-5573 FAX 410-313-5574

## Student Information Form

Please print

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Male/Female  
Last First Middle

Mother's Name \_\_\_\_\_  
Last First

Father's Name \_\_\_\_\_  
Last First

Home Address:  
Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Student e-mail \_\_\_\_\_ Parent e-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Cell \_\_\_\_\_

Mother Work \_\_\_\_\_ Cell \_\_\_\_\_

Father Work \_\_\_\_\_ Cell \_\_\_\_\_

Performing group(s) 2009-10: Band / Chorus / Orchestra (Circle)

Primary Instrument \_\_\_\_\_ Secondary \_\_\_\_\_  
Voice Part if known

Years Played or Sung \_\_\_\_\_ Do you own or borrow your instrument? \_\_\_\_\_

Do you have private lessons? \_\_\_\_\_ Instrument? \_\_\_\_\_

Private Teacher \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Your signatures below indicate that you have read and understand ALL of the information contained in the handbook. Thank you for your attention.**

Parent \_\_\_\_\_ Student \_\_\_\_\_

Please complete the medical information on the other side of this form.