

Please Sign and Return By \_\_\_\_\_

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

***By signing below, you are signifying that you...***

**...have read and understand the contents of this handbook.**

**...agree to follow the guidelines found within.**

**...have posted important dates on your calendar and understand the attendance policies.**

Student name: \_\_\_\_\_

Grade \_\_\_\_\_

Parent name(s): \_\_\_\_\_

Parent Phone: (home) \_\_\_\_\_ (alternate) \_\_\_\_\_

Student phone (if different): \_\_\_\_\_

Parent e-mail: \_\_\_\_\_

Student e-mail: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*In order to communicate to parents, guardians, and students involved in the Stevenson High School Instrumental Music Department, I need your permission to share your contact information with the booster organization. Please read the statement below and check the box if you do NOT want to receive information from the Livonia Stevenson Instrumental Music Boosters.*

I do NOT give permission to release my contact information to the Livonia Stevenson Instrumental Music Boosters.