ELHS Band Contact Form

NOTE: Contact information for parents and students is for ELHS Band Program use only and will not be released, without permission, to any outside agency.

Student's Name:	
Student's Cell:	
Student's Home Address:	Street:
	City/State:
	Zip:
Parent/Guardian's Name:	
Parent/Guardian's Cell:	
Parent/Guardian's Email:	
Parent/Guardian's Name:	
Parent/Guardian's Cell:	
Parent/Guardian's Email:	
	ers (grandparents, family members, friends) who would like to receive emails or text messages regarding emails will never be released to an outside agency.
Name	Email
ELHS Band Parent Business Listing (OPTIONAL)	
☐ YES! I would like to includ	e my small business or service in an online <i>ELHS Band Parent Business Listing</i> !
You may include your personal small business or your place of employment. You are welcome to include special services, crafts, or products. You may also include a special offer or discount for band students or parents. Offerings must comply with LCS guidelines.	
Your Name/1	itle:
You Stude	ent's
Name/Instrum	ent:
Your Business or Service Na	ime:
Business Contact Ph	one:
Hours of Operat	tion:
Business Er	nail:
Business Web	site:
Business Social Me	edia:
Briefly, describe your business, product, or service. Please include special offers here:	