



2018-2019 LETTER OF MUTUAL CONSENT

Student Name (please print) _____ Grade Level _____

Instrument _____

Parent(s)/Guardian(s) Name(s) _____

Parent/Guardian Email(s) _____

Phone Contact(s) _____

Parent/Guardian: I have read and understand the 2018-2019 SOA HS Band Handbook and the SOA HS Band Master Calendar. I understand my child will be held accountable for what is expected of them. I have seen the event calendar and will provide transportation for my child to the events for which he/she is required to attend should they need it.

Print Name _____

Signature _____ Date _____

Student: I have read and understand the 2018-2019 SOA HS Band Handbook and the SOA HS Band Master Calendar. As a member of the band program, I understand what is expected of me and will do my part in order to ensure the success of the entire group.

Print Name _____

Signature _____ Date _____