



2024-2025
 Smyrna High School Band Contract
 and Policy Agreement Form for:

Student Last name:	Student First Name
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Parents please initial here:

_____ I verify that I have received, read, and fully agree to the policies and guidelines set forth in the Smyrna High School Band Information packet.

_____ I acknowledge that I am fully aware of the time and commitment involved with a student being involved in the band program.

_____ I do understand the importance of each student being present for practices and all performances, and the impact any absence has on the entire band, and I understand that regular attendance and performances are major factors that will affect a student's grades and can potentially impact receiving credit for the course.

_____ In conjunction with this policy, the parent signed below gives permission for my child to ride a school bus off-campus for all away football games, band competitions, concert band performances, and honor bands during this school year.

Student Name (Signed) _____ Date _____

Parent Name (Printed) _____

Parent Name (Signed) _____ Date _____

Parent E-mail _____ Parent Phone _____