



2023-2024
 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 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 _____