



## **2024 - 2025 DSLA BEGINNING BAND** **HANDBOOK & CALENDAR CONTRACT PAGE**

Student Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Instrument: \_\_\_\_\_ Class Period: \_\_\_\_\_

### **PARENT INITIAL ON EACH SPACE BELOW:**

\_\_\_\_\_ I have read, understand and agree to follow the rules and expectations of the Donna Shepard Band as stated in the 2024-2025 Band Handbook.

\_\_\_\_\_ I understand that it is my responsibility to update my contact information on Skyward whenever I have changes. I am aware that the directors will use this information in order to stay in contact with me and help me stay up-to-date.

\_\_\_\_\_ I am aware that the following dates are required curricular events/performances for my child and if missed, may result in a lowered class grade and/or missing the spring festival trip.

\_\_\_\_\_ 12/17 - Winter Band Concert - 6:00pm - DSLA Cafeteria

\_\_\_\_\_ 5/7 - Spring Band Concert - 6:00pm - Willie Pigg Auditorium

\_\_\_\_\_ I am aware that Private Lesson Teachers are available to help support my child and give them individual attention. Private lessons are strongly encouraged for members of the DSLA Band.

Please check one.

\_\_\_\_\_ Interested in lessons, please give my info to a private lesson teacher.

\_\_\_\_\_ Interested in lessons, I will contact a teacher myself.

\_\_\_\_\_ Not interested at this time.

\_\_\_\_\_ Already taking lessons from \_\_\_\_\_ (lesson teacher's name)

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

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

**Please return this sheet to the band directors on or before  
Wednesday, August 21, 2024.**