



Dr. Phillips High School Panther Bands



Student Information

Last Name _____ First Name _____ Middle Name _____
 School ID Number _____ Male _____ Female _____
 Instrument _____ Graduation Class of _____
 Street Address _____ Subdivision _____
 City _____ Zip _____ Middle School Attended _____
 Home Phone _____ Cell Phone _____
 Student e-mail _____ T-Shirt Size _____
 Is this your first year in the DPHS Band? Yes _____ No _____

Parent Information

Father

Last Name _____ First Name _____ Self Employed? Yes ___ No ___
 Employer _____ Occupation _____
 Work Phone _____ Father's e-mail _____
 Cell Phone _____

Please complete the following if different from Student Information –

Home Phone _____
 Street Address _____ City _____ Zip _____

Mother

Last Name _____ First Name _____ Self Employed? Yes ___ No ___
 Employer _____ Occupation _____
 Work Phone _____ Mother's e-mail _____
 Cell Phone _____

Please complete the following if different from Student Information –

Home Phone _____
 Street Address _____ City _____ Zip _____