

**Band Parent Survey**

Name of Student \_\_\_\_\_ Class Period \_\_\_\_\_

Name of Parent(s) or Guardian \_\_\_\_\_

Best Phone Number to Reach You: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

[ ] Check the box if you would like me to send important information reminders by e-mail.

What do you hope for your child to learn or accomplish this year in Band? \_\_\_\_\_

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Why did your child choose Band this year? \_\_\_\_\_

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Does anyone in your family sing or play an instrument? Please elaborate. Also, would they be willing to play or sing for our class sometime if called upon? \_\_\_\_\_

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Are there any dates on your calendar that your child would like me to know about? (i.e. performing in a musical, Christmas play at church) Please list the dates so that I can place them on my calendar. \_\_\_\_\_

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Parent Signature

Date