



J.P. Taravella Band & Orchestra



Cheldon Williams, Director
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Shawn Cerra, Principal

JPT MUSIC PROGRAM STUDENT INFORMATION FORM **PLEASE PRINT ALL INFORMATION LEGIBLY**

STUDENT INFORMATION

Student Name: First _____ Last _____

Student Cell Phone: _____ Student Home Phone: _____

Student E-Mail: _____

Student Home Address: _____ City/Zip: _____

Program:(Circle) Band Orchestra Color Guard

Band/Orchestra Concert Instrument: Primary _____ Secondary _____

Band/Marching Instrument: _____ Grade Level in Fall: _____ School Year: 20__ / 20__

MOTHER'S INFORMATION

Mother Name: First _____ Last _____

Mother Cell Phone: _____ Mother Home Phone: _____

Mother E-Mail: _____

Mother Place of Employment: _____ Occupation: _____

FATHER'S INFORMATION

Father Name: First: _____ Last: _____

Father Cell Phone: _____ Father Home Phone: _____

Father E-Mail: _____

Father Place of Employment: _____ Occupation: _____

Is Mother and Father Home Residence's Same _____ Separate _____

If separate, which is the student's primary residence? Mom _____ Dad _____

Does any family member golf? Yes _____ No _____

Would you be interested in volunteering in some capacity with the program? Yes _____ No _____