



Whitesboro High School Band Student and Parent Acknowledgment

I, _____ (student), acknowledge and agree that I will abide by the rules and standards set out by Whitesboro High School and the Band Directors.

I, _____ (parent), acknowledge that I understand that the fees for my student to participate in the Whitesboro High School Band must be paid. I have received information pertaining to these fees and will keep in contact with the band directors and Band Fans officers regarding payment or payment arrangements.

Student Signature

Parent Signature

Date

Date