Student Behavior Contract

Participating in Band should be a rewarding and enjoyable experience. In order for our class and program to have its greatest effect, I need your support. Please discuss and review the expectations and information in this packet with your child.

Once you have reviewed and discussed the information with your child, please sign and date the bottom of this form and return to one of the directors.

I have read and understand the Warrior Band handbook, rules, and procedures. I will abide by these rules and understand that if I do not, the consequences stated in this packet will be applied to me (including financial compensation for non-accidental damage to school owned/ rented equipment).

Student Name Printed Signature Class Period

I have read and understand the 2023 - 2024 ITM Warrior Band Handbook and have reviewed it with my student.

Parent Name Printed Signature Date

Parent Phone Parent Email Date
