

STUDENT'S NAME _____

Yes, **IF MY CHILD IS SELECTED**, I will arrange for him or her to attend all
rehearsals and the performance of the San Bernardino County Basin Elementary Honor Band.

PARENT'S SIGNATURE _____

**RETURN THIS ENTIRE PAGE TO YOUR MUSIC TEACHER
AS SOON AS POSSIBLE!**

Remember, returning this page **DOES NOT** mean that the child listed above has been
Selected for the Basin Elementary Honor Band!