



Moanalua Middle School Band

STUDENT INFORMATION CARD

(Please PRINT)

First Name: _____ MI: _____ Last Name: _____

Advisory Teacher: _____ Band Period(s): 1 2 3 4 5 6 circle

Date of Birth: _____ Instrument: _____ Grade: _____ Gender: M F
(If applicable)

Mailing Address: _____ APT#: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Student's Cell Number: _____

Student's E-mail Address: _____

Primary Guardian Name: _____ Relationship: _____

Occupation: _____ Work Number: _____

E-mail Address: _____ Cell Number: _____

Secondary Guardian Name: _____ Relationship: _____

Occupation: _____ Work Number: _____

E-mail Address: _____ Cell Number: _____

Allergies/Medical Conditions:

Previous year Grade Point Average: _____

HSA Math Score: _____

HSA English Score: _____

Are you a GE student? YES NO

Will you be enrolled/attending BAND class at
Moanalua Middle School next school year?
YES NO

Are you a military family? If yes, how many
years will you be living in Hawaii? _____
YES NO

Comments:

