

SCHOOLS ONLY: Please forward this application to the Fine Arts Department ATTN: Rory Edwards after the students have submitted it to their main office or guidance office.

SCSD SUMMER MARCHING BAND REGISTRATION FORM



SCSD Marching Band will take place Monday through Friday, July 10-28 from 1PM-4PM.
Rehearsals will be at Corcoran High School.

For questions, please reach out to the Fine Arts Office at (315) 435-4223.
Visit syracusecityschools.com/summer for program updates.

There are two ways to apply for SCSD Summer Marching Band. Please apply using Only one method:

1) Fill out this application and turn it into your school by June 16.

OR

2) Complete the application online by June 16 by visiting forms.office.com/r/tvfJayGzdS



Student Information

Student Name (First & Last) _____

Student ID _____ Current School _____

Email _____

Please mark your child's current grade level

6 ☐

7 ☐

8 ☐

9 ☐

10 ☐

11 ☐

Will the student require transportation for Summer Arts? (Please circle one) **Yes** **No**

Contact/ Emergency Information

Parent/Guardian Name (First & Last) _____

Address (#, Street, Zip) _____

Phone (Main) _____ Phone (Second Option) _____

Email Address _____

In case of an emergency and parent/guardian is unavailable, I authorize the following people to provide care for my child:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Is your student interested in playing an instrument or joining the colorguard? (Please choose one)

☐ Instrument

☐ Colorguard

If your student is interested in playing an instrument, what instrument do they play?
(This should be the instrument they play in school)

Permission for Photo/Video Release

☐ I give permission for _____ (student name) to have his/her picture taken for release to the local newspapers and television stations in connection with the Syracuse City School District Summer Program activities.

☐ I DO NOT give permission for _____ (student name) to have his/her picture taken for release to the local newspapers and television stations in connection with the Syracuse City School District Summer Program activities.

Parent/Guardian Signature _____ Date _____