* BAYSIDE BAND CONTACT SHEET *

Bayside High School "Every Day Counts"



	Instrument	FIRST:	M.I.	LAST:	SUFFIX GRAD.YEAR	
	ADDRESS:			PHONE:	MALE	
	CITY:	STATE:	710.			
1.		SIAIC.	2.10:	DOB:	FEMALE	
	MISC. NOTES:		-			
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	Polo Size:			ENROLLED:		
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	CREDITS	CREDITS	GPA	SEMESTER	9 10 11 12	
	CURRENT	PREVIOUS		ATTENDANCE		
	STUDENT CON					
	PARENT/GUARDIAN NAME:			NAME:	T	
	ADDRESS:			ADDRESS:		
- /	CITY:			CITY:		
2.	STATE:	ZIP:		STATE:	ZIP:	
\	PHONES: WO	DRK: ALT:		PHONES:		
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	STUDENT MED	STUDENT MEDICAL/INSURANCE INFO:				
	Insured:	Р	HYSICIAN lame:	P	referred Hospital	
3. <	Company:		hone:	and the state of t	hone:	
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· Email: