



Music Memory Student Information

Please complete the following information form and return to the _____ by _____. This information will assist with communication and transportation.

PLEASE PRINT

Child's Name _____

Classroom Teacher _____

Parent's Name _____

Phone # _____

E-Mail Address _____

On MUSIC MEMORY days how will your student get home?

☐ Walk ☐ Ride a bike

☐ Picked up by parent

☐ Picked up by a friend

Friend's Name _____

Phone _____

On BAD WEATHER days how will your student get home from MUSIC MEMORY?

☐ Walk ☐ Ride a bike

☐ Picked up by parent

☐ Picked up by a friend

Friend's Name _____

Phone _____