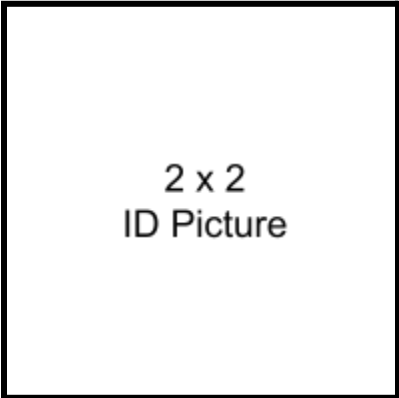


EASTERN SAMAR NATIONAL COMPREHENSIVE HIGH SCHOOL
MARCHING BAND
Application Form



Surname: _____

First Name: _____ MI: _____

Facebook Name: _____

Height (in cm): _____ Weight (in kg): _____

Grade & Section: _____

Adviser: _____

Contact no: _____ Birthday: _____

Address: _____

Guardian/s: _____

Please indicate any medical conditions or allergies:

HEALTH & PARENTAL CONSENT

I confirm that I, _____, am the
parent/guardian of _____.

I hereby provide consent for the above-mentioned student to join and actively participate
in the ESNCHS Marching Band, encompassing all band-related activities such as
rehearsals, training, parades, motorcades, and marching band competitions.

I affirm that the mentioned student is in sound physical and mental health, demonstrating
the capability to engage in ESNCHS Marching Band activities without posing any risks to
himself/herself or others.

In case of any emergency, you may reach me at: _____

Guardian/Parental Signature Over Printed Name

Date _____