

CHARMS INFORMATION SHEET

PARENTS please fill this form out. The information on this form will be used to set up your child's account in CHARMS which will also be used for your financial statements. You will have access to your account balance at anytime. It is important that all the information is provided. A new form must be completed each year to ensure accuracy. Thank you.

Student's Name: _____

Address: _____

City: _____, Tennessee Zip _____

Student's Home Phone Number: _____

Student's Cell Phone Number: _____

Same Address for Mother: _____ Yes _____ No

Same Address for Father: _____ Yes _____ No

Student Email _____

Grade: _____

Instrument: _____ Guard or Majorette: _____

Birthdate: _____

Mother's Name: _____

Mother Phone: Work _____ Home _____ Cell _____

Address (If different from Student) _____

City _____ State _____ Zip _____

Mother's Email _____

Mother's Occupation _____

Father's Name _____

Father Phone: Work _____ Home _____ Cell _____

Address (If different from Student) _____

City _____ State _____ Zip _____

Father's Email _____

Father's Occupation _____