



## JPSO BAND OF EXCELLENCE PARTICIPANT INSTRUCTION'S

### **\*\* BAND MEMBERS MUST BE 12-19 YEARS OF AGE \*\***

The JPSO Band of Excellence (BOE) was formed to offer musicians a place to increase their skills and talents during the school year. BOE sessions run the same time as a school calendar year. Practice sessions are currently scheduled for Monday and Wednesday from 6-8:00 PM. There is also the occasion for additional practice sessions throughout the year, mostly on Thursday, but may also involve a few Saturday and Sunday practice sessions. The extra sessions are announced in advance.

During practice sessions, we discourage bringing expensive electronics, jewelry, or headphones to practice. WE WILL NOT BE RESPONSIBLE IN THE CASE OF LOST OR DAMAGED ITEMS.

- Members cannot wear open shoes, slippers of any kind, short shorts, spaghetti strap shirts, sagging pants, or muscle shirts during any practice session. No phone use while in session, they must be turned off.
- Members are not allowed to leave the campus with anyone other than a parent unless the administrator or band director is notified by a parent in advance.
- Please notify the administrator when your child will be absent. We document missed practices and they count against the band member if they are not explained. Parents are the only person who can provide an acceptable reason for an absence.
- Lockers are available, but you must provide the lock.
- Students are fed during the practice sessions.
- Mouth pieces, drum sticks, mallets, etc., must be provided by the student.

### **You must complete and return;**

- Applications must be complete and signed by a parent or legal guardian if the child is 17 or under.
- Please provide an e-mail address. This is how we communicate with parents and students during the band session.
- The 4 page application (Social Security Number must be on the form) AND signatures in all places or the paperwork is considered incomplete and must be held until it is completed. This means that your child cannot become a part of the band until they are processed. Completed applications can be faxed to 504-363-5517, e-mailed to [jpsoband@gmail.com](mailto:jpsoband@gmail.com), or dropped off or mailed to JPSO Band of Excellence, 1233 Westbank Expressway, Building E, Harvey, LA 70058.
- Because we believe that children flourish in an environment where parents are included, we want to ask you to consider becoming part of the parents Booster Club. Booster Club meetings are the first Monday of each month that the band is in session. Meetings are held at the Sheriff's Office Campus for 7 PM.
- Also, in the event you are unable to provide transportation for your child, please contact the JPSO Band of Excellence (BOE) at 504-460-2574 as soon as possible to make arrangements.

We look forward to having your child become a part of our band.

**It's more than a band... It's an experience!**

Follow us on Facebook.

Please complete ALL sections of the application, sign and submit to the Jefferson Parish Sheriff's Office Complex **Band Room**,  
1233 Westbank Expressway, Building E, Harvey, LA 70058.

Questions? Call 504-363-5244, Fax 504-363-5517 or e-mail [jpsoband@gmail.com](mailto:jpsoband@gmail.com).



## JPSO BAND OF EXCELLENCE PARTICIPANT APPLICATION

### PARTICIPANT INFORMATION

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
School Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
E-mail(s): \_\_\_\_\_ Facebook Name: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_  
Address (if different from above): \_\_\_\_\_

### EMERGENCY CONTACT AND MEDICAL INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List any medical condition(s) and/or medicine(s): \_\_\_\_\_

### ADDITIONAL INFORMATION

Are you a member of a school band: Yes \_\_\_\_\_ No \_\_\_\_\_ Number of years: \_\_\_\_\_

Instrument(s) participant plays, if beginner say BEGINNER: \_\_\_\_\_

Have you previously participated in the Jefferson Parish Band of Excellence?

If so, circle session and list the year: Spring / Fall Year: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* DO NOT WRITE BELOW THIS AREA (FOR BOE USE ONLY) \*\***

BOE Staff Member Accepting Application: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**\*\**PLEASE ATTACH THE CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM*\*\***

Please complete ALL sections of the application, sign and submit to the Jefferson Parish Sheriff's Office Complex **Band Room**,  
1233 Westbank Expressway, Building E, Harvey, LA 70058.  
Questions? Call 504-363-5244, Fax 504-363-5517 or e-mail [jpsoband@gmail.com](mailto:jpsoband@gmail.com).



## JPSO BAND OF EXCELLENCE CRIMINAL BACKGROUND CHECK AUTHORIZATION

**\*\* To participate in the JPSO Band of Excellence Program a criminal background check must be completed. \*\***  
**Parents MUST complete and sign this form for their child, prior to admission into the band.**

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name of school participant is currently attending: \_\_\_\_\_ Grade: \_\_\_\_\_

I, \_\_\_\_\_ agree to allow the Jefferson Parish Sheriff's Office to conduct a criminal  
(Print Parent's Full Name)

background check of my child \_\_\_\_\_ for the purposes of determining their  
(Print Child's Full Name)

eligibility to participate in the JPSO Band of Excellence Program. I understand that this background check will become a permanent part of my child's participant folder. Signatures below indicate that authorization to conduct the background checks is being given.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* DO NOT WRITE BELOW THIS AREA (FOR BOE USE ONLY) \*\***

Background Check Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Please complete ALL sections of the application, sign and submit to the Jefferson Parish Sheriff's Office Complex **Band Room**,  
1233 Westbank Expressway, Building E, Harvey, LA 70058.  
Questions? Call 504-363-5244, Fax 504-363-5517 or e-mail [jpsoband@gmail.com](mailto:jpsoband@gmail.com).



## JPSO BAND OF EXCELLENCE PARTICIPANT INFORMATION

Participant's Name: _____		Date: _____
<b>MUSICAL LEVEL</b>		
Please check one:		
Proficient (read music) _____	Can Only Play Music _____	
Some Reading Ability _____	Beginner _____	
What Instrument do you play?		
Please check all that apply:		
I have my own instrument.	Yes _____	No _____
I do not have my own instrument.	Yes _____	No _____
I have my own mouthpiece, drum sticks, and mallets.	Yes _____	No _____
<b>SIZING CHART (ALL SIZES ARE ADULT SIZES)</b>		
<b>Shirt Size</b>	Small _____	2X Large _____
	Medium _____	3X Large _____
	Large _____	Other: _____
	X Large _____	
<b>Pant Size</b>	Waist Size: _____	X Large _____
	Small _____	2X Large _____
	Medium _____	Other: _____
	Large _____	

Please complete ALL sections of the application, sign and submit to the Jefferson Parish Sheriff's Office Complex **Band Room**,  
1233 Westbank Expressway, Building E, Harvey, LA 70058.  
Questions? Call 504-363-5244, Fax 504-363-5517 or e-mail [jpsoband@gmail.com](mailto:jpsoband@gmail.com).