

**AYO PARENT SURVEY**  
**2008 – 2009 SEASON**

THE AYS Program uses the following information to keep a contact and resource database list so that we can get in touch with you as quickly as possible with important information, reminders and pleas for help on occasion (please include E-Mail addresses!).

**PLEASE PRINT CLEARLY!**

AYS Program Student Name: \_\_\_\_\_ Upcoming grade: \_\_\_\_\_

School: \_\_\_\_\_ Instrument: \_\_\_\_\_ Student's E-Mail: \_\_\_\_\_

Home address: \_\_\_\_\_  
Street address City Zip

Home Phone: \_\_\_\_\_ Student's Cell phone: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home address: (if different) \_\_\_\_\_  
Street address City Zip

Home Phone: (if different): \_\_\_\_\_ Cell phone: \_\_\_\_\_

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_ Wk phone: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home address: (if different) \_\_\_\_\_  
Street address City Zip

Home Phone: (if different): \_\_\_\_\_ Cell phone: \_\_\_\_\_

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_ Wk phone: \_\_\_\_\_

Please describe any special skills or expertise you have that might help the AYS Program:

We will volunteer for the following: (REQUIRED)

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Fundraising   | <input type="checkbox"/> Receptions             | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tour Planning | <input type="checkbox"/> Playathon              | Please specify                        |
| <input type="checkbox"/> Yearbook      | <input type="checkbox"/> Attendance             |                                       |
| <input type="checkbox"/> CD Sales      | <input type="checkbox"/> Anywhere you need help |                                       |

OPTIONAL: the following information about the student will be used for statistical purposes only (for grant proposals) and will not affect your selection for any AYS Program orchestra.

A. STUDENT'S GENDER     Female                       Male

B. STUDENT'S ETHNIC DESCRIPTION

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Black/African American          | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Asian/Oriental/Pacific Islander | <input type="checkbox"/> Other    |

C. Does the student take weekly private lessons?

- YES    With whom? \_\_\_\_\_ (we invite the teachers to our concerts)  
 NO