



**2023  
SHAWNEE MISSION  
SUMMER BAND BLAST  
ENROLLMENT FORM**

**SUMMER BAND BLAST DATES & TIMES:** Shawnee Mission North High School  
**7401 Johnson Dr., Overland Park, KS 66202**  
**June 5-9 – current 5<sup>th</sup>-6<sup>th</sup> Graders 9 am–12 pm**  
**June 12-16 - current 7<sup>th</sup>-8<sup>th</sup> Graders 9 am -12 pm**

\*Only currently enrolled Shawnee Mission students are eligible to attend this camp.

If you have a current Skyward Family Access account and have access to Skyward Arena Scheduling (a linked tab on left side of Skyward Parent Portal), you may use the Skyward Family Access Arena Scheduling to enroll and pay online (see webpage for enrollment tutorial). *Parents who enroll online need to email or call the Summer Programs office with the student's band instrument and T-shirt size.*

If you do NOT already have access to Skyward Arena Scheduling (a linked tab on left side of Skyward Parent Portal); OR if you have a previously enrolled SMSD Summer Band Blast student and have access to Skyward Arena Scheduling, but need to add additional siblings not previously enrolled; you may request to be added by completing the Enable Arena Scheduling form at <https://www.smsd.org/academics/summer-programs/summer-music>.

Payments are required within 24 hours of enrollment.  
 Checks (payable to SMSD) and enrollment forms may also be mailed to the Summer Enrichment Office:  
 Center for Academic Achievement  
 c/o Summer Enrichment, 8200 W. 71st St.  
 Overland Park, KS 66204  
<https://payments.efundsforschools.com/v3/districts/55790>

NAME \_\_\_\_\_ INSTRUMENT \_\_\_\_\_

STUDENT ID# \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

T-SHIRT SIZE Youth Med. \_\_\_ Youth Large \_\_\_ Youth XL \_\_\_ Adult S \_\_\_ Adult M \_\_\_ Adult L \_\_\_

IEP/Plan? YES NO 504 \_\_\_ Gifted \_\_\_ SPED \_\_\_ Health \_\_\_

2022-2023 GRADE \_\_\_\_\_ \*CURRENT SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, ZIP \_\_\_\_\_

GUARDIAN NAME \_\_\_\_\_

WORK PHONE \_\_\_\_\_

HOME/CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

QUESTIONS?? CONTACT:

Bill Thomas, 993-6453  
[billthomas@smsd.org](mailto:billthomas@smsd.org)

<b><u>For Office Use Only</u></b>	
Enrollment Date _____	By _____
Mail _____	Email _____ In Person _____
Check # _____	Cash _____
Charge _____	
Card _____	Authorization # _____
Amount Paid \$ _____	
Emailed receipt _____ (mailed forms)	