

# ATSSB Classification Verification

Name of band director applying for ATSSB membership: \_\_\_\_\_

Name of school: \_\_\_\_\_

Address of school: \_\_\_\_\_

School city, ZIP: \_\_\_\_\_

Grades taught in this school: \_\_\_\_\_

Total number of students in this school (enrollment) in grades 9-12 - not just in the band program: \_\_\_\_\_

If your school only goes through the eighth grade, check your conference:    C                    CC                    CCC  
(Count only total enrollment in grades 7-8)                    0-249                    250-649                    650+

If middle school, name of high school to which the students matriculate: \_\_\_\_\_

If students attend multiple high schools after matriculation, list them here: \_\_\_\_\_

Type of school (check one): PUBLIC            PUBLIC CHARTER            PUBLIC MAGNET            PRIVATE

TEA CODE IF PUBLIC SCHOOL: \_\_\_\_\_

SCHOOL ID (TEPSAC) IF PRIVATE SCHOOL: \_\_\_\_\_

ISD in which this school's physical plant is located: \_\_\_\_\_

Administrator name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of official above: \_\_\_\_\_

Telephone number of official above: \_\_\_\_\_

Mail this form to:

ATSSB  
2117 Morse Street  
Houston, Texas 77019

or FAX it to 713-874-1151

or scan and email it to [atssb@att.net](mailto:atssb@att.net)

Please note that this form can be completed on a computer and printed for scanning or faxing but cannot be saved using Adobe Acrobat Reader.