

OGMS BANDS

OGMS Band Website - <https://ogmsband.weebly.com>

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2/20/2017

Dear OGMS 7th and 8th Grade Band Parents,

Hello! I am excited to announce that **Thursday, March 9th** the seventh and eighth grade bands will be performing at Sabino High School for the Arizona Band and Orchestra Directors Association (ABODA) area festival. During this performance, the students will receive feedback and will also get the opportunity to work with notable band directors from the state of Arizona.

This concert is free for anyone who would like to attend. Anyone is welcome to show up and support the band but please know that we will be performing the same music at Catalina Foothills High School for our respective concerts. This event takes place during the school day and an itinerary for the event has been provided on the backside of this letter.

All students should arrive at OGMS on March 9th wearing their concert uniform. 8th grade students will report to the band room at 6:30 am to grab their instruments and music. We will then load the bus and depart for Sabino HS no later than 6:50 am to accommodate the bus schedules. It is important that 8th grade students are not late for this event. 7th grade students will be released and instructed to go to the band room for first lunch. After eating lunch students will load the buses and depart for the festival. Parents please remember that you will need to provide transportation for your student, either to or from school, for this one-time event (8th graders need transportation to school in the morning and 7th graders need transportation home in the afternoon). The uniform, as outlined in the handbook, is the white band polo shirt on top and black on bottom (**black dress shoes and socks**)--no exceptions and no dress code violations, please. If girls would like to wear skirts, they should be floor-length, black, and please only minimal jewelry. Lastly, all band shirts need to be tucked in for the duration of the performance. Students need to come to school in their uniforms because there will not be anywhere for them to change on campus. As I have discussed with the students, the judges for the event will be looking at our dress and first impressions are always important.

Attached to this letter you will find a Field Trip Request Form and a medical form. Please fill out both forms and return them to Mr. Chilson no later than **Friday, March 3rd**.

Please feel free to email me if you have any questions. I am looking forward to this event and I hope your student is as well!

Sincerely,

Dustin Chilson
Director of Bands

ABODA Field Trip Itinerary

8th Grade:

6:30 am – Students arrive at OGMS (gate by band room will be open)
6:45 am – Students load buses (1911 E. Orange Grove Rd., Tucson, AZ 85718)
6:50 am – Buses depart from OGMS
7:45 am – Buses arrive at Sabino High School (5000 N Bowes Rd., Tucson, AZ 85749)
8:00 am – 8th Grade band warm up time
8:30 am – 9:00 am – 8th grade band performance and clinic
9:10 am – 8th grade students watch performance of Highland Junior High Band
9:50 am – 8th grade students load bus and depart for OGMS
10:45 am – Buses arrive at OGMS students unload and report to classes (1911 E. Orange Grove Rd., Tucson, AZ 85718)

7th Grade:

11:17 am – 7th grade band students attend first lunch
12:00 pm – Buses depart from OGMS (1911 E. Orange Grove Rd., Tucson, AZ 85718)
1:00 pm – Buses arrive at Sabino High School (5000 N Bowes Rd., Tucson, AZ 85749)
1:20 pm – 7th Grade band warm up time
1:50 pm – 2:20 pm – 7th Grade band performance and clinic
2:40 pm - Buses depart from Sabino High School
3:40 pm – Buses arrive at OGMS students unload (1911 E. Orange Grove Rd., Tucson, AZ 85718)

FIELD TRIP REQUEST FORM

Date of Request: 2/20/17 Teacher: Chilson School: OGMS

Course Title, Grade Level, and/or Club: 7th Grade Band

Purpose of Trip: Participate in the annual ABODA festival for bands.

Projected Number of Participants: 84 students 2 staff parents other adults

Date(s) of Trip: 3/9 to 3/9 Times of Trip: 11:17am to 3:40pm
(The trip agenda/itinerary must be attached to this request form.)

Destination: Sabino High School (Tucson, Az) (include city/state)

Transportation will be provided via: Bus Contractor School District Vehicle

Student's fee for field trip: N/A
(Please note ARS15-342 for state guidelines regarding student fees.) *

Other sources of funding for the trip (specify amount) N/A

1. What will students learn and be able to do as a result of this trip? Perform and receive adjudication from a panel of judges.
2. What makes this an essential experience for students? Student will receive feedback on their musical achievements from a panel of judges.
3. How will students demonstrate proficiency in the learning? Through musical performance and clinic time with judges.

What specific alternative arrangement/assignment do you propose for a student whose parent does not give permission for the trip? None.

Teacher/Sponsor Signature [Signature]

Administrator Signature [Signature] denied approved Date _____

Governing Board approval of: trip _____ fee _____ Date _____ Board approval not required.

Parent Response:
____ I give permission for my student to attend the trip described above.
____ I do not give permission for my student to attend the trip described above.
____ I wish to discuss the trip before deciding for my student. Please call me at _____

Student Name (please print) _____

Parent Signature _____

*Whenever appropriate, a fee reduction or waiver shall be provided in cases of need or economic hardship.

MEDICAL CONSENT AND RELEASE FORM

Student's Name _____

In the event of illness or injury, I agree to any emergency treatment deemed necessary by the medical personnel designated by the school authorities. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunizations for the above named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

Signature _____ Date _____
(parent or guardian)

IF WE NEED TO CONTACT YOU:

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Name and phone number of friend or relative who could locate you in an emergency:

Name _____ Phone _____

Student's doctor _____ Phone _____

The student named above has medical insurance. Yes _____ No _____

Insurance Carrier _____ Policy No. _____

MEDICAL INFORMATION:

	YES	NO	IF YES, EXPLAIN
Allergies	_____	_____	_____
Asthma	_____	_____	_____
Daily Medication	_____	_____	_____
Diabetes	_____	_____	_____
Other health concerns	_____	_____	_____

Continued on reverse →

MEDICATION CONSENT:

I hereby request and give my consent for school personnel to administer to _____
_____ the following medication.

Name of Medication

Name of Medication

Prescribed by: _____

Prescribed by: _____

Amount to be taken: _____

Amount to be taken: _____

Time of day to be taken: _____

Time of day to be taken: _____

I understand that all prescription medication is to be furnished by me in the original container with the original label.

Signature _____
(parent or guardian)

.....
The front of this form is to be completed by parents/guardians for all students attending field trips occurring during the school day. Health offices will provide needed student medication from the health office supplies for these trips.

Both the front and back of this form need to be completed for overnight stays. Parents will provide needed student medication from home for overnight trips.

Notarization of this form (below) is required **only** for out of state and international trips.

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NOTARIZATION REQUIRED FOR OUT OF STATE AND INTERNATIONAL TRIPS.

Sworn and subscribed to before me, _____, of the County of _____,

State of Arizona, this _____ day of _____, 20____.

Signature of Notary
My commission expires _____