



6TH GRADE ORCHESTRA ACKNOWLEDGEMENT FORM 2011-2012

Name _____ School _____

Home Room Teacher _____ Instrument _____

- I understand that I have joined the orchestra at my elementary school campus for the entire school year 2011-2012. I understand that I cannot change my schedule during the school year due to scheduling and class size constraints at my elementary school.
- I understand that instruments cannot be left overnight at school in a classroom, hallway, portable, storage room or cafeteria. I will be responsible for bringing my instrument to school and taking it back home on orchestra days.
- I understand that I must have an O or S for all conduct grades during the 3rd and 4th nine-weeks and be passing all classes during the 3rd and 4th nine-weeks in order to attend the spring trip.

Student Signature _____

I have read the orchestra letter. I understand the expectations and grading requirements for my child in the 6th grade orchestra, which includes a weekly practice card with parent signature.

Parent Signature _____

Address _____ Zip _____ Phone _____

Email address _____

Please make a copy for your records and return a signed copy to us by September 2nd.

ALLEN ORCHESTRA 6TH GRADE T-SHIRT ORDER FORM

NAME OF STUDENT

SCHOOL

ADDRESS

CITY

ZIP CODE

PHONE NUMBER

ALL T-SHIRTS ARE LIGHT GREY WITH THE ALLEN EAGLE ORCHESTRA LOGO IN NAVY BLUE AND WHITE. YOUTH AND ADULT SIZES ARE OFFERED. THE SIZES CORRESPOND TO TYPICAL T-SHIRT SIZES AT PENNYS OR WALMART. ORDERS WILL NOT BE PROCESSED UNLESS FULL PAYMENT IS RECEIVED. PLEASE INDICATE THE SIZE CLEARLY ON THIS FORM. FAMILY AND FRIENDS ARE WELCOME TO PURCHASE SHIRTS AS SPIRIT WEAR. STUDENTS IN ORCHESTRA WILL WEAR THE SHIRTS FOR PERFORMANCES AND OTHER ACTIVITIES.

INDICATE NUMBER OF SHIRTS

_____ YOUTH MEDIUM _____ YOUTH LARGE

_____ ADULT SMALL _____ ADULT MEDIUM

_____ ADULT LARGE _____ ADULT EXTRA LARGE

T-SHIRTS ARE \$12.00 EACH. PLEASE MAKE CHECKS PAYABLE TO AISD. ALSO, CHECK www.allenorchestra.org IN THE 6TH GRADE SECTION TO PAY FOR T-SHIRTS ONLINE

Please select one of the following and return to your orchestra director:

_____ AMOUNT ENCLOSED (please return this form with cash/check)

_____ PAYMENT AMOUNT ONLINE (please return this form with t-shirt size)

PLEASE NOTE: CHOOSE SIZES CAREFULLY. THEY CANNOT BE EXCHANGED. IF A SIZE IS NOT INDICATED ON THE ORDER FORM, ONE WILL BE CHOSEN FOR YOU.

**T-SHIRT MONEY IS DUE BY
FRIDAY, SEPTEMBER 9th**

6th Grade Orchestra Information Form 2011-2012

Please fill out and return to your Orchestra Director. Please print carefully with a black or blue ink pen.

Student information **School** _____

Student ID Number _____

First and last name _____

Street address _____

City and zip _____

Home phone _____

Parent Information

Mom's first and last name _____

Home phone _____ Work phone _____

Cell phone _____ email _____

Dad's first and last name _____

Home phone _____ Work phone _____

Cell phone _____ email _____



6th Grade Orchestra Procedures



Instrument and Supplies

Students should bring their instrument each day they have class. **Students must bring their instruments home** every day so there is room for the band students to bring their instruments the next day.

We expect all students to have their *instrument, book, binder and pencil* in every class. For orchestra this year you will need:

A good quality instrument sized correctly for the student,
Essential Elements 2000 Book 1,

Folding stand, a pencil and a soft cloth for cleaning the instrument.

It is the responsibility of the student to *replace the black binder* if the binder given is lost.

Shoulder rest for violins and violas and rock stops for bass and cello

Practice Log

Students are required to turn in a practice log each week. We will pass out a practice record that should be filled out weekly and signed by a parent. To receive a 100 on the practice record grade, you must practice 100 minutes or more for the week. The total number of practice minutes for that week is your grade.

Home Practice Tips

- Practice at the same time every day for about 20 minutes.
- Practice in an isolated place away from phone, tv, computer, etc.
- Practice with the cd included in your Essential Elements book. Work on the trouble spots first then put the hard spots back together with the rest of the song.
- Violins, violas and basses will practice standing up. Make sure your stand is raised to eye level. Cello students will need a sturdy chair for practice.

Parents

- Ask your child to show you the procedure for holding the instrument, pencil bow hold and balance point bow hold. Check this with the pictures in the book.
- Does it sound like your child is repeating each line multiple times in order for it to sound better? Are they practicing the lines progressively in the book---not skipping around to all their favorites?
- Do you hear improvement?



ALLEN ISD PERFORMING ARTS PERMISSION AND EMERGENCY RELEASE

As part of its educational program, the Allen Independent School District ("AISD") has organized a variety of educational and learning activities and trips in which your child will have an opportunity to participate. These trips and activities are designed to benefit students by providing unique learning experiences and exposure to new and different people and places in a supervised setting. School personnel will keep you informed of the upcoming activities in which your child will have the opportunity to participate.

I, the undersigned, the parent and/or legal guardian of the student identified below, a minor, hereby acknowledge that said minor is presently under my care, custody and control. I hereby give the student identified below my express permission to travel with school personnel on the educational enrichment activities and trips the school has planned and to participate in all scheduled activities involved in the trip or activity.

In the event of an emergency necessitating medical attention to the student identified below, I hereby authorize that treatment be given by qualified and licensed medical personnel. I understand that I will be notified as soon as possible and that all expenses incurred in treatment will be assumed either directly by me or by my insurance coverage as noted.

I acknowledge that liability of AISD, the AISD Board of Trustees, and any agents, employees, representatives, insurers, successors, and assignees of the entities just named, is narrowly defined and extremely limited by Texas law and local policy.

HEALTH AND MEDICAL QUESTIONNAIRE

Student's Name: _____ Sex _____ Age _____ Date of Birth ____/____/____
Last First MI

Present Address: _____
Street City Zip

Parent or Legal Guardian: _____ Home Telephone: _____ Cell Phone#: _____

Other responsible party: _____ Home Telephone: _____ Business Telephone: _____

Health Insurance Co.: _____ Policy Number: _____ Health Ins. Tel. # _____

Medical History of Student: (Please check Yes or No)			** Please check medication your child can receive					
	Yes	No		Yes	No	Yes	No	
Diabetes	___	___	Dizziness	___	___	Acetaminophen (Tylenol)	___	___
Drug Allergies	___	___	Convulsions	___	___	Ibuprofen (Advil)	___	___
Asthma	___	___	High Blood Pressure	___	___	Throat Lozenges/cough drops	___	___
Epilepsy	___	___	Heart Disease	___	___	Antacids (Tums)	___	___
Fainting Spells	___	___	Stomach Disorder	___	___	Lotions, Creams, ointments	___	___
Kidney Disease	___	___	Hay Fever	___	___	Diphenhydramine (Benadryl)	___	___
Liver Disease	___	___						
						Parent/Guardian Signature		

Surgery/ies (within the last year): _____

Emotional problem (i.e. hyperventilation, hysteria): _____

Serious medical problems not mentioned above: _____

Tetanus (last injection date): _____ Allergies to drugs: _____

Allergies to foods & other agents: _____

List ANY medications the student might have cause to use on a trip (i.e. anti-convulsive, anti-histamine, insulin, any tranquilizer, etc.)

Please describe any medical/mental problems which the student might have which have not been covered on this form and about which you think the directors should know. _____

STUDENT/PARENT AUTHORIZATION & RELEASE
FOR OFF-CAMPUS ACTIVITIES

The Allen Independent School District (“AISD”) offers a variety of learning activities at designated off-campus locations in which students will have an opportunity to participate. I hereby give permission for my son/daughter to participate in the various off-campus activities associated with the Allen Performing Arts program. I understand that AISD may not provide transportation to and from all activities. Students are expected to use school transportation to and from ALL activities, if provided. In the event that AISD does not provide such transportation, I further understand that I must provide transportation for my son/daughter as a condition of his/her participation in that activity.

In consideration for allowing my son/daughter to participate in off-campus activities, I knowingly and voluntarily agree to assume full responsibility and assume all risk for any accident, loss, damage, and injuries he or she may sustain as a result of or arising out of any aspect of the activity. Furthermore, I, on behalf of myself, my son/daughter named below, our respective family members, and our respective heirs, legatees, executors, administrators, and assignees, hereby agree to release, acquit, discharge, and hold harmless AISD, the AISD Board of Trustees, and any agents, employees, representatives, insurers, successors, and assignees of the entities just named from any and all claims, demands, liabilities, actions or causes of action, of whatever kind or character, whether known or unknown, whether arising out of federal, state, or local statute or common law, including claims resulting from negligence, that I or my son/daughter may sustain arising out of any aspect of the off-campus activity, including, but not limited to, driving or riding to or from the off-campus activity.

PARENT/GUARDIAN – STUDENT RELEASE & AGREEMENT

I HAVE **DISCUSSED** AND **REVIEWED** ALL THE INFORMATION IN THE HANDBOOK WITH MY SON/DAUGHTER, AND I UNDERSTAND ITS CONTENTS AND MY RESPONSIBILITY AS TO THESE POLICIES AND CONDITIONS. MY SON/DAUGHTER HAS MY PERMISSION TO ATTEND DISTRICT AND OUT-OF-DISTRICT TRIPS AND SCHOOL-SPONSORED EXTRA-CURRICULAR AND CO-CURRICULAR ACTIVITIES. I UNDERSTAND THAT ALLEN ISD AND ALLEN HIGH SCHOOL WILL NOT BE LIABLE FOR INJURIES AND MEDICAL COST FOR STUDENTS. MY SIGNATURE ALSO SERVES AS PERMISSION FOR MY SON/DAUGHTER TO OBTAIN MEDICAL TREATMENT ON A SCHOOL-SPONSORED TRIP.

Student Name (PRINT)

Parent/Guardian Name (PRINT)

Student SIGNATURE

Parent/Guardian SIGNATURE

Date

Date