



# ALLEN ORCHESTRA 6<sup>TH</sup> GRADE T-SHIRT - ORDER FORM

NAME OF STUDENT

SCHOOL

PARENT EMAIL

All Orchestra 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 Penny's or Walmart. Please choose sizes carefully – shirts cannot be exchanged. Orders will not be processed until 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 LARGE      \_\_\_\_\_ ADULT SMALL

\_\_\_\_\_ ADULT MEDIUM      \_\_\_\_\_ ADULT LARGE      \_\_\_\_\_ ADULT EXTRA LARGE

**6<sup>th</sup> Grade Orchestra Fee - \$20.00 (Fee includes T-Shirt, binder, pencil bag, tote bag)  
Please make checks payable to AISD.**

**PLEASE WRITE YOUR DRIVERS LICENSE NUMBER ON THE CHECK.**  
**CHECKS and this FORM MUST BE MAILED TO THE ADDRESS BELOW.**

**Do not return payment to the elementary.**

OR, PAY ONLINE at [www.allenorchestra.org/store](http://www.allenorchestra.org/store) (*preferred method of payment*)

**If not paying online, please mail payment to:**

**Allen HS c/o Kelly Kendlehart, Fine Arts Specialist, 300 Rivercrest Blvd., Allen, TX 75002**

***T-SHIRT MONEY IS DUE BY - AUGUST 24, 2018***

*Please select one of the following. If paying online, include the transaction number.*

*online payment is preferred*

Circle payment option: **Mail-in Payment**  
(Enclose this order form  
in envelope.)

**Online Payment - [www.allenorchestra.org/store](http://www.allenorchestra.org/store)**  
(Return this order form to your orchestra director.)

Transaction #: \_\_\_\_\_

## Care of the Instrument and Bow

String instruments and bows are fragile and can easily be broken or damaged if dropped, bumped or struck against other objects. Remember to put a name tag on your instrument case. Below are the steps students should follow in order to keep their instrument and bow in proper working condition.

- 1) Hands should be clean before handling the instrument and bow.
- 2) A clean cloth should be kept in the instrument case to wipe fingerprints off the instrument and rosin from the strings, instrument and bow stick after playing the instrument.
- 3) **DO NOT TURN THE PEGS ON THE INSTRUMENT!** The strings and other parts of the instrument can be easily broken
- 4) Never let others play or handle your instrument.
- 5) The instrument and bow should be stored in the case in a safe place in the house when not in use.
- 6) The instrument should be stored in a place of moderate temperature. Never leave the instrument in an extreme hot or cold environment like a car.
- 7) Do not attempt to repair the instrument or bow yourself. Consult with your teacher.
- 8) Violin/Viola Students:
  - Always remove the shoulder rest from the instrument before placing the instrument back in the case.
  - Never hang the instrument from your music stand.
- 9) Cello/Bass Student:
  - The bow should be taken out of the case before unpacking the instrument.
  - The endpin must be pushed back into the instrument when placing the instrument on the floor before casing up.
  - Never lean your instrument against a chair or wall in an upright position. We have seen major instrument damage done because of this. Always lay your instrument on its side on the floor regardless of whether it is in the case or not

**NEVER store your instrument like this**



**or this .**



**This is the correct way to store your cello or bass when not playing.**



### 10) The Bow:

- Never touch the bow hair or place the bow hair against other surfaces other than your instrument's strings or rosin.
- Before playing tighten the bow hair with the adjusting screw.
- After playing, loosen the bow hair with the adjusting screw (do not remove adjusting screw from the bow).

### 11) Never leave your instrument unattended for long periods when uncased



## ALLEN ISD 6<sup>TH</sup> GRADE ORCHESTRA 2018-19 INFORMATION FORM

*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 \_\_\_\_\_

Student first and last name \_\_\_\_\_

Street address \_\_\_\_\_

City and zip \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

### Parent Information

Mother - first and last name \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ email \_\_\_\_\_

Father - first and last name \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ email \_\_\_\_\_

**Please** also update your information online – visit: [www.allenorchestra.org/charms](http://www.allenorchestra.org/charms)

*Please return to your orchestra director by August 24, 2018*



## ALLEN ISD 6<sup>TH</sup> GRADE ORCHESTRA 2018-2019 PARENT & STUDENT ACKNOWLEDGEMENT FORM

Student Name \_\_\_\_\_ School \_\_\_\_\_

Student Home Room Teacher \_\_\_\_\_

- I understand that I have joined the orchestra at my elementary school campus for the entire school year 2018-2019. 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. Bass overnight storage will be dealt with on a per campus basis.
- I understand that **I must have an O or S for all conduct grades** during the 3rd nine-weeks and be passing all classes during the 3rd nine-weeks in order to attend the spring trip.
- I understand that **I must perform at all 6<sup>th</sup> grade orchestra concerts** in order to attend the spring trip or make-up an excused absence with an assignment. Examples of excused absences are death in the family, medical emergency or illness, or religious holidays. In the event of a conflict, the student has the responsibility of submitting a signed note, email, or phone call from a parent to the appropriate teacher stating the reason for the conflict. Notes that have not been submitted two weeks prior to the orchestra event may not be considered. This note does not automatically excuse an absence. Each case is considered individually and privately according to its circumstances.

Student Signature \_\_\_\_\_ Instrument \_\_\_\_\_

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

Parent Signature \_\_\_\_\_

Parent Email address (1) \_\_\_\_\_

Parent Email address (2) \_\_\_\_\_

*Please make a copy for your records and return a signed copy to us by August 24, 2018*

<http://allenorchestra.org/schools/elementary/>

# 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. # \_\_\_\_\_

<b>Medical History of Student: (Please check Yes or No)</b>	<b>** Please check medication your child can receive</b>							
	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	____	____						

X

**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

membership application **JOIN TODAY**  
**ALLEN ORCHESTRA BOOSTER CLUB – MEMBERSHIP MATTERS**



**ALLEN**  
 Booster Club  
**ORCHESTRA**  
 2018-2019

We are looking forward to an exciting year but we need your help! The AOBC acts as a ‘Boosters’ group for the orchestra program by raising funds for various things needed throughout the year as well as planning and coordinating many events throughout the concert season. This membership drive is our main source of funding replacing the need for your students to sell items door to door, so please give us your support! AOBC funds many aspects of the orchestra program, such as the concert receptions, various scholarships for students, student events, and the High School End-of-Year Awards Banquet.

Name(s) of Parent/Guardian/Adult:

Student Information:

1) \_\_\_\_\_

1) Student: \_\_\_\_\_

(First, Last)

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Instrument \_\_\_\_\_

2) \_\_\_\_\_

2) Student: \_\_\_\_\_

(First, Last)

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Instrument \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_

Student School E-mail Address: \_\_\_\_\_

How do you wish your name to appear in the concert programs?

- The \_\_\_\_\_ Family
- The family of \_\_\_\_\_ (student’s name)
- Mr. & Mrs. \_\_\_\_\_
- Other: \_\_\_\_\_
- Please do not list my name in the 2018-2019 Concert Programs

**Membership Levels**

- Eagle Strings \$10+
- Silver Bow \$25+
- Golden Strings \$50+
- Platinum Strings \$75+
- Section Sponsor \$125+
- Orchestra Benefactor \$250+
- Lifetime Member \$500+
- One time gift (any amount) \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Cash (Circle) or Check # \_\_\_\_\_ Name on Check \_\_\_\_\_

Please mail donation to: **Allen Orchestra Booster Club, PO BOX 2021, Allen, Texas, 75013**

Online Payments through PayPal are available at: <http://www.allenorchestra.org/boosters>

(if paying by PayPal, please complete and send this form by mail or email: [aobc.president@allenorchestra.org](mailto:aobc.president@allenorchestra.org))

**Available to volunteer for Allen Orchestra Events (Circle)      Yes      No**