

Forms following this page must be printed out, completed, signed, and returned with any required payments (shirts, shoes, etc.) no later than

Thursday, August 9, at noon.



LEWIS CENTER FOR EDUCATIONAL RESEARCH ACADEMY FOR ACADEMIC EXCELLENCE

Parent/Guardian Permission School-Sponsored Trip/Off-Campus Activity



Grade Level and/or Group: AAE Marching Knights Band Home phone: _____

Student's Name: _____

Person in Charge: Kenneth Sockwell, Band Director

Destination: Scheduled Band Events and Parades Purpose of Trip Performance

Date(s) 2018 - 19 School Year Departure time: As Scheduled Return : As Scheduled

Special Instructions: (Meals, Money, etc.): Meals, if required, are the responsibility of the student.

Method of Transportation TO(T) and FROM(F): (PLEASE MAKE NOTE OF BOTH)

Transportation is by private vehicle, or chartered bus, for all band events. See Schedule.

PARENTS, PLEASE NOTE:

Section 35330 of the California Education Code states in part: "All persons making the field trip shall be deemed to have waived all claims against the district, charter school, of the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." Failure of student to comply with rules may result in student being sent home at parent/guardian's expense. Field trips are voluntary and a privilege; **student may remain in school at parent/guardian's request.**

ASSUMPTION OF RISK:

By signature hereon, parent/guardian waives liability against the school and acknowledges that the trip and its activity(s) may expose the student to potential harm including injury or death.

X _____
Authorized Signature of Parent or Guardian Date

AUTHORIZATION FOR MEDICAL CARE:

If it becomes necessary for my child to have medical care while participating in the trip, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school carries student accidental injury insurance in an amount limited to \$50,000 (applies excess of family health insurance if applicable.)

Special Note to Parents/Guardians:

- (1) All drugs/medication must be registered on this form.
- (2) All drugs/medications, except those, which must be kept on the student's person for emergency use, must be kept and distributed by the staff.
- (3) _____ Check here if there are **NO** special problems that the staff should be aware of and **NO** drugs are required on the trip.
- (4) If any drugs/medication are to be taken by the student, list them here (please list drug/reason):

X _____
Authorized Signature of Parent or Guardian Date

PERMISSION TO DISPENSE MEDICATION AT SCHOOL

Student: _____ **Date of Birth:** _____ **Grade:** _____

To be completed by the physician:

Reason for medication (either prescription or over-the-counter): _____

Name of the medication (**one form per medication**): _____

Form of medication/treatment:

Tablet/capsule Liquid Inhaler Injection Nebulizer Other _____

Dosage: _____ Time(s): _____

Length of time medication is to be administered: _____

Restrictions and/or important side effects: None anticipated Yes Please describe _____

This student is both capable and responsible for self-administering this medication.

No Yes - Supervised Yes – Unsupervised

This student may carry this medication on campus (must be age 10 or over) No Yes

It is necessary for this medication to be taken during the school day at the time(s) indicated above and medically untrained personnel may administer the medication.

Date: _____ Physician signature: _____

Physician's Name _____ Telephone _____

Address: _____ Fax Number _____

To be completed by parent/guardian:

I authorize school personnel to administer the above medication to _____ as ordered by the physician. My signature also indicates that I have read and understand the guidelines of the Apple Valley Unified School District regarding the administration of medication at school.

Date: _____ Parent/guardian signature: _____

Address: _____

Telephone --- Home: _____ Work: _____

Date form received by the school: _____ - Date reviewed by RN: _____

This form must be updated whenever the prescription changes and each school year.

6/2002

Lewis Center for Educational Research

Academy for Academic Excellence

Mojave River Campus / Visual and Performing Arts Department

17500 Mana Rd.

Apple Valley, CA 92307

ksockwell@lcer.org

760-946-5414 Ext 222



Concert Marching Band Photography Acknowledgment 2018 - 19 School Year

During the course of parades and concerts, photos are often taken of the band and its members. Since our performances are public, the Academy for Academic Excellence has little or no control over this. Signing this form acknowledges that you are aware that your son/daughter may be photographed at an event or during class, even if they are on the schools "Do Not Photograph" list.

I, the undersigned, do hereby acknowledge that _____

May be photographed in uniform at public parades and events on and off campus. By signing this form I give permission for the above student to be photographed and/or interviewed by the press for printed or televised purposes, and for school use.

Signature of Parent

Date

Email Address and Cell Phone Request

Please provide your email address and student cell phone. Email is used to keep you informed of band and booster events. Student cell phone numbers are used to communicate at off-site band events only. Information will be used ONLY by school staff. PLEASE PRINT CLEARLY.

Parent Email: _____

Student Email: _____

Student Cell Phone: _____

Reed Card

Single reeds are no longer available for purchase in band. However, students may purchase a "Reed Card" which will entitle them to five reeds as needed in class and at parades. If a student does not have a playable reed in class, it counts against their daily grade the same as having no instrument.

Although students may take all five reeds upon payment, it is recommended that they take them one at a time as needed, in case a change in stiffness (reed number) is needed. Due to health issues, reeds can't be returned once they are given to a student. Mr. Sockwell will keep the cards and mark off when a reed is given to a student. Reed cards can carry over to the following school year.

Additional orders of five can be made at any time. Students may also buy reeds on their own from a retailer. The "Reed Card" is being offered a convenience to our players.

Please use the order form below and return it to Mr. Sockwell if you want to take advantage of this offer. Prices will be evaluated every quarter and may be adjusted.

Student Name: _____ Hardness of Reed (number:) _____

Please place the number of Five-reed cards you wish to purchase. For example, if you want five reeds, enter 1. If you want 10 reeds, enter 2, etc.

_____ Clarinet: \$15.00

_____ Alto Sax: \$20.00

_____ Alto/Bass Clarinet: \$25.00

_____ Tenor Sax: \$25.00

_____ Bari Sax: \$40.00

_____ Oboe: \$15.00 per reed

_____ Bassoon: \$20.00 per reed

Amount Enclosed: _____ (Cash/checks made payable to **MKBB**)

**A.A.E. Marching Knights Band
Acknowledgment of Information**

1. I have read and understand all information included in the online “Band Packet,” including the class syllabus and **absence/excusal policy**.
2. Band is a one-year course. Students will commit to staying in class for the entire school year. Also, band is a marching and performing group. Students agree to participate in all concerts, parades, and required band activities.
3. Students will be required to memorize music for marching and concerts. At least one weeks’ notice will be given for each piece that must be memorized.
4. Students are responsible for providing required shoes, t-shirt, gloves, and any reeds or lubricants required to maintain their instruments in playing condition. Students may also be responsible for some bus and field trip costs.
5. All checks returned as “isf” will be subject to bank fees. Replacement funds must be paid within 7 days by CASH. ALL future payments to the band must be by cash or money order..
6. Students are responsible for maintaining all school property, including instruments, uniforms, and music. A replacement fee will be charged for all lost or negligently damaged property. Music must be checked out before taken home.
7. Students will adhere to all deadlines, including payments, forms, uniform returns, and instrument returns. Failure may impact the daily grade.
8. Students will show respect to all band leadership, including directors, section leaders, drum major, assistant drum major, and student directors. Failure to do so will be reflected in the daily grade and may result in removal from the class and disciplinary action.
9. Students will participate in fund raising as planned by the Boosters.
10. Students are responsible for bringing all handouts home the day they are distributed in class. Failure to do so will affect the daily grade. Parents AND students are responsible for checking the band website (www.aeband.com) on a weekly basis for updates to the calendar and other important information.
11. Commencement, which takes place on Friday, June 14, is a MANDATORY performance. Please do not make vacation plans that conflict with this date!

Parent or guardian signature

Date

Student signature

Date

Band T-Shirt Order Form
DUE Thursday, August 9, 2018

Name: _____

Number of shirts ordered @ \$15.00 _____

Adult T-shirt Size (circle one)

XSmall Small Med Large Xlarge XXlarge

Please include \$15.00 per shirt with this order. Make checks out to **MKBB**

Thanks,
Mr. Sockwell

Note: Failure to turn this form in on time may result in Mr. Sockwell “guessing” your size. You do not want that!

OPTIONAL Band Hoodie Order Form

DUE Thursday, August 9, 2018

NO EXCEPTIONS

Note: Hoodies are dark blue and are printed with the band logo on the front side, band member roster on the back. They are approved to be worn at school.

Hoodies are optional.

Name: _____

HOODIES - Adult Size (circle one) \$35.00 Each.

Cash or Check made out to **MKBB**

Small

Med

Large

Xlarge

XXlarge

Mr. Sockwell