Service Learning Concerts

Moanalua Middle School Band—Symphonic Band

SALT LAKE DISTRICT PARK; RED HILL ELEMENTARY; HAWAII KAI RETIREMENT & ASSISTED LIVING COMMUNITY

Dear Parents,

SPECIAL POINTS OF INTEREST:

- **Date**: December 7, 2010
- <u>Time</u>: 7:30 a.m.— 4:30 p.m.
- <u>Locations</u>: Salt Lake District Park, Red Hill Elementary School, Hawaii Kai Retirement & Assisted Living Community
- <u>Transportation</u>: Chartered Bus
- <u>Uniform</u>: Black pants, black shoes and Symphonic Band Aloha Shirt

The Moanalua Middle School Symphonic Band will bring music to our community through our annual Service Learning Concerts. This year we plan to visit Salt Lake District Park, Red Hill Elementary School, and Hawaii Kai Retirement & Assisted Living Community.

Students must report to the MMS band room by 7:30 a.m. Please understand that students who do not report by the designated time, fails to wear the proper band uniform, and/or does not bring instrument, will not participate in the Service Learning Concerts and will remain in school. Please make arrangements to pick-up your child from MMS at 4:30 p.m.

Red Hill Elementary School will provide a free lunch: Pizza, salad, cake, and a drink. If your child is allergic to the meal, they will need to bring home lunch.

Download a PDF version of this letter at:

http://moanaluamiddle.org

Departments - Fine Arts - Band Program

NOTE: This letter will count as a homework grade. (GLO 5: Effective Communicator)

All students must turn in the Parent Authorization for Student Travel form and this

GLO 2: Community Contributor GLO 4: Quality Producer GLO 5: Effective Communicator

informational letter before Wednesday		
please feel free to contact us at (808) 8	331-7855 or e-mai	l at mmsbandk2@gmail.com
Sincerely,		
Mr. Ryan Howe, band director		Mr. Steven Agasa, band director
X		
Student's Name (PLEASE PRINT) x	Period	Please sign & return by Wednesday, November 24, 2010
Student's Signature	Date	
X		
Parent's/Guardian's Signature Our signature indicates that we have	Date ave read and understand the informa	Relationship



STATE OF HAWAI I DEPARTMENT OF EDUCATION

Distribution for overnight or off-island travel: Original - Chaperone; 1 copy each to principal & parent

Parent/Legal Guardian Authorization for Student Participation and Travel

This completed form and payment (if applicable) are du	
November 24, 2010 to Mr. Howe \$ (Date)	(Advisor/Teacher)
Permission is requested for your child to participate in t	he following:
Activity: Service Learning Concerts	
School: Moanalua Middle School	
Organization: Symphonic Band	
Place: Salt Lake District Park; Red Hill &	Elementary: Hawaii Kai Retirement €
Teacher/Advisor: Mr. Howe & Mr. Agasa) Assisted Living Community
Dates: December 7, 2010 Ti	
Mode of Transportation: Charted Bus	a. Transportation(\$)
	b. Entrance Fee(\$
	c. Other Costs(\$)
De la	d. Total Cost(\$
DO NOT CUT	DO NOT CUT
Parental Perr (To be completed by Pare	mission
	Tit Legal Guardian)
Name of Student:	
Home Phone:	
Emergency Contact:(Please	e include relationship)
Check as appropriate:	
☐ My son/daughter has permission to attend the above	e activity.
☐ My son/daughter DOES NOT have permission to att	tend the above activity.
Medical Insurance Coverage	
☐ My child has medical coverage with:	
	of plan, e.g., HMSA, Kaiser, Military, etc.)
☐ My child is not covered by any medical insurance p	ian.
Private Vehicle Usage My son/daughter may drive to the activity alone. (For Vehicle to Transport Students' must be completed and My son/daughter may ride in a vehicle driven by an	and attached to this form.)

Parental Permission

(To be completed by Parent/Legal Guardian)

I/We grant permission for the above named student to participate in the activity/activities listed above, and to travel by private or commercial car, bus, train, airplane, and other means of transportation as required. I further give permission to travel by the mode indicated above. I release the State from liability resulting from the use of other than school vehicles pursuant to HRS 286-181.

In the case of illness or injury to above named student, I/we hereby consent to and authorize such treatment as deemed necessary, and agree to pay for such medical and dental costs if incurred.

Print or Type Parent's/Legal Guardian's Name	
	_ = =
Parent's/Legal Guardian's Signature	Date Do Not Cut
DO NOT CUT	
Teacher Acknowledgment for Stud (To be completed by subject teachers, if	lent Travel applicable)
Your student has requested to participate in the following activity:	
√ Name of Student:	
School: Moarial ya Middle School	1
Activity: Service Learning Concerts	
Place: Salt Lake District Park; Red Hill Elementar	4; Hawgii Kai Refirement €
Teacher/Advisor: Mr. Howe & Mr. Agasa	Assisted Living Communi
Dates: December 7, 2010	
Times: 7:30 a.m 4:30 p.m	
Organization: <u>Symphonic</u> Band	
Please sign below to acknowledge that the above student will be mentioned above. He/She understands that all class work shall be Advisord Home Room:	
Period 1:	
Period 2:	
Period 3:	
Period 4:	
Period 5:	
Period 6:	
Period 7:	
1761 0	