

Service Learning Concert 2

Moanalua Middle School Band—Symphonic Band

SALT LAKE DISTRICT PARK; RED HILL ELEMENTARY;
KUAKINI MEDICAL CENTER



SPECIAL POINTS OF INTEREST:

- **Date:** December 13, 2011
- **Time:** 7:15 a.m.— 4:00 p.m.
- **Locations:** Salt Lake District Park, Red Hill Elementary School, Kuakini Medical Center
- **Transportation:** Chartered Bus
- **Uniform:** Black pants, long black socks, black shoes and Symphonic Band Aloha Shirt

Dear Parents,

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 Kuakini Medical Center.

Students must report to the MMS band room by 7:15 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 4:00 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.

Print 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 informational letter before Wednesday, November 23, 2011. If you have any questions, please feel free to contact us at (808) 831-7855 or e-mail at mmsbandk2@gmail.com

Sincerely,

Mr. Ryan Howe, band director

Mr. Steven Agasa, band director

X _____
Student's Name (PLEASE PRINT)

Period

X _____
Student's Signature

Date

X _____
Parent's/Guardian's Signature

Date

Relationship

Please sign & return by
Wednesday, November 23, 2011

Our signature indicates that we have read and understand the information provided in this letter.

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



STATE OF HAWAII
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 due on or before:

11/23/11 to Mr. Howe & Mr. Agasa
(Date) (Advisor/Teacher)

Permission is requested for your child to participate in the following:

Activity: Service Learning Concert 2

School: Moanalua Middle School

Organization: Symphonic Band

Place: Salt Lake District Park; Red Hill Elementary, Kuakini Medical Center

Teacher/Advisor: Mr. Howe & Mr. Agasa

Dates: December 13, 2011 Times: 7:15 a.m. - 4:00 p.m.

Mode of Transportation: Chartered Bus

a. Transportation (\$ —)

b. Entrance Fee (\$ —)

c. Other Costs (\$ —)

d. Total Cost (\$ —)

Do Not Cut

Do Not Cut

Parental Permission

(To be completed by Parent/Legal Guardian)

Name of Student: _____

Home Phone: _____

Emergency Contact: _____

Phone: _____ (Please include relationship)

Check as appropriate:

☐ My son/daughter has permission to attend the above activity.

☐ My son/daughter DOES NOT have permission to attend the above activity.

Medical Insurance Coverage

☐ My child has medical coverage with: _____
(Name of plan, e.g., HMSA, Kaiser, Military, etc.)

☐ My child is not covered by any medical insurance plan.

Private Vehicle Usage

☐ My son/daughter may drive to the activity alone. (Form BO-4, "Application for Use of Private Vehicle to Transport Students" must be completed and attached to this form.)

☐ My son/daughter may ride in a vehicle driven by an adult to the activity.

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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

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Do NOT cut

.....
Do NOT cut

Teacher Acknowledgment for Student Travel

(To be completed by subject teachers, if applicable)

Your student has requested to participate in the following activity:

Name of Student: _____

School: Moanalua Middle School

Activity: Service Learning Concert 2

Place: Salt Lake District Park; Red Hill Elementary; Kuakini Medical Center

Teacher/Advisor: Mr. Howe & Mr. Agasa

Dates: December 13, 2011

Times: 7:15 a.m. - 4:00 p.m.

Organization: Symphonic Band

Please sign below to acknowledge that the above student will be missing class because of the activity mentioned above. He/She understands that all class work shall be made up at **YOUR** convenience.

Advisory
~~Home Room~~: _____

Period 1: _____

Period 2: _____

Period 3: _____

Period 4: _____

~~Period 5:~~ _____

Period 6: _____

Period 7: _____