

Print Student Last: \_\_\_\_\_



# 2017-2018 HANDBOOK SIGNATURE PACKET

*The handbook will be distributed electronically to the returning orchestra members: [www.lafayetteorchestra.org](http://www.lafayetteorchestra.org)*

After downloading and reading the handbook, please complete this page, and return it to the Orchestra Office by **September 15<sup>th</sup>**.

**This signature packet counts as a grade.**

CIRCLE ORCHESTRA: STRING    CONCERT    SYMPHONIC    CHAMBER

I, (student name) \_\_\_\_\_, have read and understand the Lafayette High School Orchestra Handbook. I feel as though I can make a positive contribution to the Orchestra program at Lafayette and that I will follow all rules and procedures outlined herein.

\_\_\_\_\_  
Signature of Orchestra Student

\_\_\_\_\_  
Signature of Orchestra Parent/Guardian

\_\_\_\_\_  
Date

**PLEASE UPDATE CONTACT INFO-** *(Please check the box if we already have your information and leave blank)*

PARENT CELL PHONE - CHECK TO SEND TEXTS (    )	<input type="checkbox"/>	CELL PHONE CARRIER
STUDENT CELL PHONE (    )		CELL PHONE CARRIER
STUDENT EMAIL		T SHIRT SIZE
PARENT 1 EMAIL	<input type="checkbox"/>	CHECK IF WE ALREADY HAVE IT
PARENT 2 EMAIL	<input type="checkbox"/>	CHECK IF WE ALREADY HAVE IT



## LAFAYETTE ORCHESTRA PARENT VOLUNTEERS

Our orchestra program depends on volunteers to provide engaging activities and events that improve our students' musical experience. Many of these activities include chaperoning trips, transporting students or equipment, ushers for concerts, video recording or assisting with supervision. If you would consider helping in any way, you must be a Registered Chaperone with Fayette County Public Schools. The registration is good for four years. Please follow our link on the orchestra website under Parent Information or the web address.

**<http://www.lafayetteorchestra.org/volunteer>**



## 2017-2018 Lafayette Orchestra Calendar

### August

- 14 Orchestra Booster Meeting, 6:00
- 28 Dr. Tim's Leadership Clinic, 6:00
- 29 Parent Meeting, Orchestra Room 6:30
- 31-1 In Class Dress / Tux Fittings

### September

- 1 In Class Dress / Tux Fittings
- 8 Orchestra Cook-Out, Shilito Park, 5:30
- 9 UK All State Help Session
- 15 Forms Due: Handbook Signature, Medical Release, Field Trip Permission, Fixed Payment Agreement
- 15 Sponsorship Packet Due
- 15 All State Audition Registration Form, KMEA Medical, KMEA Rules Due
- 30 UofL Honors Weekend

### October

- 5-6 Fall Break
- 2-16 School Spirit Coffee Sales
- 12 All State Help Session
- 19 Costume Concert, Norsworthy Auditorium, 7:00, String and Concert
- 20 Mischief Night, Norsworthy Auditorium, 7:00PM, Chamber and Symphonic Orchestras
- 29 KMEA All State Auditions @ Leestown Middle School

### November

- 2 SCAPA Master Class
- 7 SCAPA Master Class
- 10 Orchestra Social
- 14-16 In Class SCAPA Juries
- 18 KMEA Solo and Ensemble Location TBA
- 23-25 Thanksgiving Break

### December

- 7 Winter Concert, 7:00, Beeler Auditorium
- 14-19 End Of Course Exams
- 20-2 Winter Break

### January

- 15 Martin Luther King Day-No Classes

### February

- 7-10 All State Orchestra at KMEA Conference
- 19 Presidents Day-No Classes

### March

- 15 KMEA Large Ensemble Festival, Frederic Douglass HS
- 8-10 ASTA Conference-National Orchestra Festival, Chamber Orchestra
- 27-28 LHSO Placement Auditions

### April

- 2-6 Spring Break
- 12 SCAPA Master Class
- 17 SCAPA Master Class
- 19-21 SCAPA Musical
- 25-26 Underclassman SCAPA Juries

### May

- 1-11 AP Exams
- 4 SCAPA Recital, Location TBA
- 8 Spring Concert @ Singeltary, 7:00
- 17-24 End of Course Exams
- 25 Last Day of School

LAST NAME: \_\_\_\_\_



# Fall Semester Field Trip Permission Form

I, the undersigned Parent/Guardian of the student named below, understand the nature of the Field Trips being planned to the following locations. Not all students/orchestras are eligible for every trip listed.

STUDENT'S FULL NAME \_\_\_\_\_ DOB: \_\_\_\_\_

### Parent Initials

_____ Orchestra Cookout Friday, Sept 8, 2017	Shillito Park, Shelter #2	No Transportation Provided
_____ UK All State Help Session Saturday, Sept 9, 2017	Singletary Center	No Transportation Provided
_____ Costume Concert (String/Concert) Thursday, Oct 19, 2017	Norsworthy Auditorium	No Transportation Provided
_____ Mischief Night (Chamber/Symphonic) Friday, Oct 20, 2017	Norsworthy Auditorium	No Transportation Provided
_____ KMEA District 7 All-State Auditions Sunday, Oct 29, 2017	Leestown Middle School	No Transportation Provided
_____ KMEA Solo & Ensemble Saturday, Nov 18, 2017	Lexington Traditional MS	No Transportation Provided
_____ Winter Concert (all orchestras) Thursday, Dec 7, 2017	Beeler Auditorium	No Transportation Provided

### PARENT/GUARDIAN PERMISSION FORM FOR FIELD TRIPS and MEDICAL INFORMATION

I am in accord with the purposes of and procedures governing the Field trip. I hereby grant permission for my student to participate. I understand that adequate and appropriate supervision will be provided. I recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). I further agree to release and hold harmless the Fayette County School District Board of Education, their agents, officers, employees and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to my student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my student. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my student to the Physician, Dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that my student must return to school independently for health, accident, failure to conform to rules established by the teacher in charge, etc. I agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

The student's medical form must be on file with the orchestra office in order to participate in field trips. It is the parent's responsibility to notify us of any changes to the student's medical record.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

To be kept on file for all single day field trips during the current academic year.

LAST NAME \_\_\_\_\_



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**STUDENT'S FULL NAME** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Please list any medical concerns or past medical history of which we should be aware:

\_\_\_\_\_  
\_\_\_\_\_

Please check below if you student has allergy or sensitivity that needs to be accommodated on this trip:

- Bee Sting      Nuts       Dairy       Latex       Other: \_\_\_\_\_
- Asthma      Diabetes       Seizure Disorder       Heart Condition       Other: \_\_\_\_\_

**\*\* If my student requires medication, I understand that I am obligated to ensure that the medication and the (FCPS) Medication Authorization Form are on file prior to the trip and I will supply the medication in the original container on the day of the trip. For a student to self-administer any medication (prescription or non-prescription) the Self-Administration Form must be completed by their parent/guardian and physician. Please note, school staff is NOT responsible for self-administered medications. Controlled substances may NOT be self-administered.**

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_  
 SUBSCRIBER NUMBER \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_  
 PERSONAL PHYSICIAN \_\_\_\_\_ PHYSICIAN'S PHONE \_\_\_\_\_

Parent Home: \_\_\_\_\_ Parent Work: \_\_\_\_\_

Parent Cell 1: \_\_\_\_\_ Parent Cell 2: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# LAFAYETTE ORCHESTRA BOOSTERS

## ORCHESTRA PAYMENT AGREEMENT

**Due Sept 15th**

Orchestra payments are vital to providing quality experiences to our students. Orchestra Boosters work hard to keep costs low for families. These costs are extremely inexpensive as compared to the costs associated with many other school-related extra-curricular activities your student might choose. This payment includes: music folder, pencil, orchestra t-shirt, KMEA participation fees, transportation, guest artists, group lessons, performance space rental, concert recordings, and basic operational expenses.

**Students make only one payment regardless of number of ensembles in which they are enrolled or being a SCAPA major.** Payment will be for the entire school year and a payment plan may be arranged through the director and booster club. Families that qualify for the free and reduced lunch program should complete the activity fee waiver form. **COMPLETE ATTACHED FORM TO VERIFY.**

- STRING ORCHESTRA PAYMENT** **\$50.00**
- We will be paying in two \$25.00 installments
- CONCERT ORCHESTRA PAYMENT** **\$70.00**
- We will be paying in two \$35.00 installments
- SYMPHONIC ORCHESTRA PAYMENT** **\$90.00**
- We will be paying in two \$45.00 installments
- CHAMBER ORCHESTRA PAYMENT** **\$110.00**
- We will be paying in two \$55.00 installments
- SCAPA STRING MAJORS** **\$120.00** (Majors only pay one fee)
- We will be paying in two \$60.00 installments

**CONCERT ATTIRE-** All ensembles including String, Concert, Symphonic, and Chamber are required to have a dress or tux. If applicable, use your CKYO or Lafayette choir attire. Dresses and Tuxes will be fitted during class. Dresses are purchased by families while tuxes are rented for the season though Geno's then returned at the end of the year. Families that qualify for the free and reduced lunch program should complete the activity fee waiver form. **COMPLETE ATTACHED FORM TO VERIFY.**

- TUX RENTAL** **\$110.00** (Tuxes available for pick up at Geno's on Southland)
- DRESS PURCHASE** **\$80.00** (Dresses available for pick up from school)

**RENTAL INSTRUMENTS-** If available, students may keep their personal instrument home and rent a school instrument. Priority is given to students who do not own their own instrument so please delay rental until. Rental fee should accompany the FCPS rental contract provided during the first week of classes.

- SCHOOL RENTAL INSTRUMENT** **\$25.00**
- HOME RENTAL INSTRUMENT** **\$25.00**

**BOOSTER MEMBERSHIP DUES-** All families are invited and encouraged to join the LHS Orchestra Booster Association.

- BOOSTER MEMBERSHIP** **\$15.00** Includes Orchestra Car Magnet

The Lafayette Orchestra Boosters now accepts online payments through our website at

**<http://www.lafayetteorchestra.org/payments>**

*(If completing paper form and writing a check, make payable to Lafayette Orchestra Booster Association)*

**STUDENT NAME:** \_\_\_\_\_ **TOTAL ENCLOSED:** \_\_\_\_\_

**EMAIL CONTACT:** \_\_\_\_\_

Please indicate Student Name and purpose of check in the memo section of the enclosed check.



*Lafayette High School*  
401 Reed Lane  
Lexington, KY 40503  
Phone (859) 381-3474 Fax (859) 381-3487

**Fee Waiver Notification**

2017-2018 school year

Dear Parent/Guardian of: \_\_\_\_\_

Your child has the opportunity to participate in a valuable school activity. There are costs associate with this program which can be waived, in part or in whole, if your child qualifies for free or reduced lunch meals.

Current regulations do not allow the staff member in charge of this activity to be notified of a child's free/reduced lunch status without parent permission.

In order to share this information with the staff member in charge of this activity and have your child's fees waived (if qualifications are met), you will need to sign this waiver. This waiver applies only to this activity and this staff member for the current school year. If your child is involved in additional activities, you may receive waivers requests regarding them as well.

Activity: Lafayette Orchestra

Staff member in charge: Kent/Fallon

Parent signature: \_\_\_\_\_ **Date:** \_\_\_\_\_