



# MIAMI-DADE COUNTY PUBLIC SCHOOLS PARENT PERMISSION FORM -- FIELD TRIP

Field trips are not mandatory. They are designed to enhance curriculum, to encourage student participation in extra-curricular activities, and to serve as community service projects.

### SECTION I. IDENTIFYING INFORMATION

SCHOOL Glades Middle School DATE 2/6/2019

STUDENT'S NAME \_\_\_\_\_ I.D. NO. \_\_\_\_\_ GRADE/HR \_\_\_\_\_

### SECTION II. NOTIFICATION TO PARENT

MR. CHRISTOPHER ILLA \_\_\_\_\_ is planning a field trip for GLADES MS Wind Symphony (Band) to HIALEAH GARDENS HIGH SCHOOL  
School Group Sponsor Name Name of School Group Destination

The purpose of the trip is FLORIDA BANDMASTERS ASSOCIATION ANNUAL DISTRICT CONCERT BAND MUSIC PERFORMANCE ASSESSMENT.

TRANSPORTATION: Private Vehicle \_\_\_\_\_ Bus  Airline \_\_\_\_\_ Other \_\_\_\_\_  
Name of Carrier Please Specify

This trip will be chaperoned by 4 Cost to each student \$ 0  
(Total Number of Chaperones)

I understand that if I am unable to pay for the cost of this trip, and I want my child to participate, where appropriate, my child will be given an opportunity to raise funds through authorized fund-raising activities, or be given assistance in identifying another funding source. (This provision does not apply to activities not directly related to classroom instruction, e.g., Grad Bash, football games, banquets, etc.)

DATE(S) OF TRIP : (Include departure/return time) FROM March 15, 2019 (1:06pm) TO March 15, 2019 (9:00pm)

--The above time schedule and/or personnel may be changed due to unforeseen circumstances. --

PLEASE KEEP THE TOP PORTION FOR YOUR INFORMATION.

RETURN THE BOTTOM PORTION TO THE TEACHER.

### SECTION III. PARENT/GUARDIAN'S WRITTEN PERMISSION TO PARTICIPATE IN ACTIVITY

I hereby give permission for my child \_\_\_\_\_ Student I.D. No. \_\_\_\_\_  
(Child's Name)

to participate in the field trip to HIALEAH GARDENS HIGH SCHOOL  
(Destination)

DATE(S) OF TRIP : (Include departure/return time) FROM March 15, 2019 (1:06pm) TO March 15, 2019 (9:00pm)

I have completed the EMERGENCY CONTACT INFORMATION in Section IV (see below).

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

### SECTION IV. EMERGENCY CONTACT INFORMATION

1. Name of parent/guardian \_\_\_\_\_

2. Parent/Guardian Phone No(s). Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

3. In case parent/guardian cannot be reached, please contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone No. \_\_\_\_\_

4. Please list any insurance policy covering your child \_\_\_\_\_ Policy No. \_\_\_\_\_

5. Physician's Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

5. Only if applicable, complete the following:

a. My child has the following medical problem: \_\_\_\_\_

b. My child takes the following medications regularly: \_\_\_\_\_  
(Proper Medical form #2702 is on file at the school)

c. My child has the following allergies: \_\_\_\_\_

I AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN CASE OF ACCIDENT OR ILLNESS WHILE ON THE TRIP.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR SECONDARY SCHOOLS ONLY:**

SECTION V. TEACHER NOTIFICATION OF ACTIVITY

Field Trip Destination HIALEAH GARDENS HIGH SCHOOL Dates of Trip: FROM March 15, 2019 (1:06pm) TO March 15, 2019 (9:00pm)

Name of School Group GLADES MS Wind Symphony (Band) School Group Sponsor Name MR. CHRISTOPHER ILLA

~~PERIOD 1~~ \_\_\_\_\_

PERIOD 5 \_\_\_\_\_

~~PERIOD 2~~ \_\_\_\_\_

PERIOD 6 \_\_\_\_\_

~~PERIOD 3~~ \_\_\_\_\_

~~PERIOD 7~~ \_\_\_\_\_

PERIOD 4 \_\_\_\_\_

~~PERIOD 8~~ \_\_\_\_\_

# **Glades Wind Symphony**

FBA Concert Music Performance Assessment 2019



**Date:** Friday, March 15<sup>th</sup>, 2019

**Venue:** Hialeah Gardens High School  
11700 Hialeah Gardens Blvd  
Hialeah Gardens, FL 33018

**Cost:** \$0.00, *It is Free* for performers and audience. Bring family to support band.

**Attire:** Wind Symphony Uniform  
**Boys:** Tuxedos with bowties and cummerbunds with all black tuxedo shoes  
**Girls:** Band Dress with pearls and closed toe shoes.

**Music List:**

Aces of the Air	Karl L. King
Barbarossa	William Himes
Cumberland Cross	Carl Strommen

**Food:**

The band parent support group "The Gator Musician Support Fund, GMSF" will provide the students with a slice of pizza and water if a band student has a dietary restriction please communicate with Mr. Illa via email [chrisilla@dadeschools.net](mailto:chrisilla@dadeschools.net) by Tuesday 3/12/2019.

**Transportation:**

We are traveling by bus from Glades Middle School to Hialeah Gardens and then returning to Glades Middle. The bus company has a "No Food Policy".

**Parent Guardian Acknowledgment:**

I/We have reviewed the Itinerary and will be at Glades MS to Itinerary.

## **ITINERARY COPY FOR HOME USE**

*"If you set your mind to it, you can accomplish anything!"*

## Itinerary:

<u>Time</u>	<u>Activity Description</u>
1:06pm	Meet in band room at Glades MS (Dressed in concert attire)
1:09pm	Rehearsal warmup
1:12pm	Sight reading practice
1:20pm	Music rehearsal
2:00pm	Pack up and get ready to load buses
2:30pm	Load buses
3:00pm	Depart Glades MS to Hialeah Gardens HS
4:00pm	Arrive at HGHS, Check-in & watch performance by other schools
4:30pm	Snack/early dinner (Small so you play well)
5:00pm	Restroom break.
5:45pm	Instrument set up room (Store Cases in Order, Must Look Amazing)
6:00pm	Band warmup time
6:20pm	Setup on stage
6:30pm	Performance on stage
6:50pm	Move to sight reading room
7:00pm	Sight Reading Assessment
7:30pm	Move to instrument case room
7:35pm	Packup equipment and line up for bus loading.
7:45pm	Restroom break
7:55pm	Load Buses and head back to Glades MS
8:00pm	Depart HGHS to Glades MS
8:35pm	Arrive at Glades MS to Pack equipment
8:35pm	Pack Equipment in band room
9:00pm	Dismissal
9:15pm	Final Parent Pickup

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## Transportation:

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## Parent Guardian Acknowledgment:

I/We have reviewed the Itinerary and acknowledge the approximated times.

Parent/Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_

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## Event Itinerary:

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**This copy must be returned to Mr. Illá**

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