

April 20, 2009

Dear Parent/Guardian:

The MBDA State Band Festival will be held at Clarksburg High School on May 5th and 6th. This year, the Ellicott Mills Middle School Symphonic Band is scheduled to perform on Tuesday, May 5th at 2:15 p.m. Parents are welcome and encouraged to attend this event. There is no cost for admission. Please make note of the itinerary shown at below. **Please note that attendance for this event is mandatory.**

The EMMS Symphonic Band will need to stop en route to eat and then arrive at Clarksburg High School in time to hear two other Middle School bands, warm-up at 1:50 p.m., perform our prepared pieces at 2:15 p.m., and sight read at 2:40 p.m. **Students will either need to bring a bag lunch (no glass containers or bottles) or money to be used at a fast food restaurant.**

The school system provides bus transportation both to and from this event. If necessary, you may transport your student after our sight-reading performance is concluded. If you will need to pick your child up at Clarksburg High School, please provide a note explaining the nature of that need and attach it to the Permission Slip. The Permission Slip and health and emergency forms are to be returned immediately.

Please sign and return the attached Permission Slip and Health and Emergency forms to Dr. Roberts immediately. Please indicate if you are available to chaperone. We will need six parents to ride busses. Thank you for continued support of your child's musical education.

Students need to wear concert clothing to school on Tuesday, May 5!

Sincerely,

Richard Roberts, director

Tuesday, May 5, 2009

10:30 am	Students report to the band room in concert attire
10:45 am	Board busses
11:00 am	Busses leave EMMS
11:30 am	Band arrives at designated eating venue
12:15 pm	Band re-boards buses to Clarksburg High School
12:45 pm	Band moves to the auditorium and listens to Cockeysville and Catonsville Middle School Bands (instrument cases will be left on the buses.)
1:50 pm	Band moves to the warm up room
2:10 pm	Band moves to the stage
2:15 pm	Band performs three selections (one warm-up; two adjudicated)
2:35 pm	Band moves to sight-reading room
3:05 pm	Band re-boards buses to pack instruments
4:00 pm	Band returns to EMMS

PERMISSION FOR STUDENT FIELD TRIP

Howard County Public School System

THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL A TRIP AT ANY TIME IN ORDER TO ENSURE THE SAFETY OF BOTH STUDENTS AND STAFF MEMBERS. IF SUCH A CANCELLATION OCCURS, THE SCHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL LOSS INCURRED BY THE PARENT.

SCHOOL: ELLICOTT MILLS MIDDLE SCHOOL

DATE: April 23, 2009

Dear Parents:

The following field trip has been arranged to complement the instructional program. This trip has been approved according to Board of Education Policy and guidelines established by the Superintendent of Schools, and all appropriate school system policies and school rules are in effect for the duration of the trip. If you have any questions, please feel free to contact the teacher-in-charge at 410-313-2839.

Please complete the bottom portion of this form, **detach** and return to Dr. Roberts by Friday, May 1, 2009.

Destination: **Clarksburg High School, Clarksburg, MD**

Objective of Trip: **To compete in the State of Maryland Band Festival**

Class/Group: **EMMS/Symphonic Band** Cost per Student: **\$0**

Departure Date: **Tuesday, May 5, 2009** Time: **11:00 am** Student Day Extended Day Overnight Non School Day

Return Date: **Tuesday, May 5, 2009** Time: **4:00 pm**

If students will not be returning from this field trip within the defined student day, the parent(s) should make arrangements to pick up the student at the school within 15 minutes of return.

Bus Company: **Bowen's Bus Service**

Total Number of Students: **85** Anticipated Ratio of Chaperones to Students: **1:15**

Meal Arrangements: **Students to bring bagged lunch; no glass please, or money to purchase lunch.**

Appropriate Attire: **Concert attire**

There may be a separate attachment detailing the itinerary, special clothing or cash requirements, and any additional rules or procedures. Please contact the Teacher-In-Charge as soon as possible if you have any special needs regarding this trip.

Alternative plans in case of postponement/cancellation: **None**

TEACHER-IN-CHARGE: Rich Roberts

If you are available to chaperone, please indicate your interest on the form below, and review the description of duties and responsibilities on the reverse of this form.

IMPORTANT! PLEASE KEEP ABOVE INFORMATION FOR YOUR RECORDS.

Please cut, detach, and return this portion to Dr. Roberts no later than Friday, May 1, 2009.

I GRANT PERMISSION FOR _____ TO GO TO _____

ON _____. I RECOGNIZE THAT THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL.

SIGNATURE: _____ DATE: _____ PHONE: _____

_____ I AM AVAILABLE TO CHAPERONE AND ACCEPT THE DUTIES AND RESPONSIBILITIES OF THE POSITION.

You will be contacted directly if your services are needed.

NAME OF CHAPERONE VOLUNTEER (PLEASE PRINT): _____

I am willing to share my cell number with other chaperones on the trip. Cell # _____

Ck. # _____ Amount \$ _____ Date Rec'd. _____

**EXTENDED DAY AND OVERNIGHT FIELD TRIP AND FOREIGN TRAVEL
MEDICATION/TREATMENT ORDER**

**MUST BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER
ONLY IF MEDICATIONS/TREATMENTS ARE REQUIRED ON TRIP**

Dear Health Care Provider:

Your patient will be participating in an approved trip to Clarksburg High School *on Tuesday May 5, 2009 from 11am to 4:00 pm*. There will not be a school nurse in attendance on this trip. If you have any concerns about your patient's health needs on this trip, please contact the nurse at 410-313-2839. **Please indicate below any treatment/prescription and/or over-the-counter medications that your patient is currently taking and will need to continue to take while on the trip. This form must be returned by _____, to provide for planning and staff training.**

Student's Name

Date of Birth

No medication/treatment can be administered without physician authorization.

To be completed by the Physician

Medication/Treatment	Dosage/Frequency of Administration	Circumstances/symptoms for administration	Diagnosis	Student may carry & self-administer medication. (please check)

Health Care Provider Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

MEDICATION MUST BE PROVIDED FROM HOME.

To be completed by designated school personnel

Medication/Treatment	Date/Time Medication Given	Date/Time Medication Given	Date/Time Medication Given	Signature of Designated School Personnel