Dear 9-10 Honor Band Member,

Congratulations on your acceptance to the 2024 Palm Beach All-County 9-10 Honor Band! We are going to have outstanding musical experiences performing some very special and significant band literature that honors 3 legendary Palm Beach County band directors. I look forward to sharing their stories and making music with all of you in January, and again in May for the Spotlight concert at the Kravis Center.

There should be 5 selections in your folder - if you are missing any, please ask your band director to contact Mr. Hofmann immediately:

The Gallant Seventh - Sousa/Fennell
Salvation is Created - Tschesnokoff/Houseknecht
At A Cowboy Dance (from 'A Cowboy Symphony') - La Plante
Danzas Cubanas - Sheldon
\*\*\*West Side Story - Bernstein, Sondheim/Bocook

\*\*\*for West Side Story, please note this is a <u>backup piece if needed</u> to replace Danzas Cubanas.

### You are responsible for:

- 1. Numbering all measures of music in all 5 pieces;
- 2. Preparing <u>all</u> of this music before our full-day rehearsal on Wednesday, January 24, at Jupiter HS. This is a challenging program for a 9-10 ensemble, especially the Sheldon but I know we can make it happen <u>if each of you comes prepared individually</u>. Continue using the resource recordings at pbcbda.com as well as others available on YouTube, Spotify, etc.
- 3. Completing and returning the Spotlight forms at our first rehearsal; and
- 4. Bringing the following to all rehearsals, along with your instrument and music:
  - a. A MUSIC STAND

### b. A PENCIL

- c. Extra reeds, valve oil, etc.
- d. Brass Mutes as required
- e. PERCUSSIONISTS: bring all instruments, sticks, mallets, cymbals, stands, and accessories that you have been assigned to play. *This includes Latin Percussion instruments for Danzas*. The only instruments provided will be 4 timpani, bass drum and all keyboards (bells, xylophone, marimba, vibraphone, chimes, and a gong).
- f. An exemplary rehearsal attitude. Students not observing proper rehearsal etiquette will be removed from the band at the discretion of the district chairman, and will be replaced with an alternate.

Congratulations again, and see you on January 24th!

Ms Oser

### Rehearsal Schedule and Expectations

December 5th, 2023

Dear Honor Band Member,

January rehearsals and January performance will be held at **Jupiter High School**. The address for Jupiter High School is **500 Military Trail Jupiter, FL 33458**. May 2nd and 3rd we will perform at the Kravis Center.

You must attend all rehearsals and the concerts for the full duration (which means you cannot leave early).

You also may not leave campus during the day for lunch. We will have lunch available for purchase, or you may provide your own lunch.

Students missing any portion of the rehearsals or concerts will be removed from the band and replaced by an alternate. You and your director are responsible for getting an approved field trip absence for Wednesday, January 24th, and Thursday, January 25th.

The rehearsal and performance schedule is as follows:

### Wednesday, January 24th

8:00 AM Check-In, Turn in Forms, Pay for Meals

8:40 AM Be seated in the chorus room at <u>Jupiter High School</u>

9:00 AM – 4:00PM Rehearsal (breaks and lunch will be announced)

### Thursday, January 25th

3:40 PM Be seated in chorus room at <u>Jupiter High School</u>

4:00 – 6:15 pm Rehearsal (breaks will be announced)

6:15 PM Break for dinner and change into concert uniform 7:00pm Concert - you will be the second band to perform -

must stay for entire show (will end at approximately 9:30pm)

#### Thursday, May 2nd

Time TBA, approximately 4:30pm - 8:30pm Spotlight Tech Rehearsal at Kravis Center

#### Friday, May 3rd

Time TBA, approximately 4:30pm - 10:00pm Performance at Kravis Center - Spotlight on Young Musicians

Dress for the concert is your band's concert uniform. Don't forget to have your All-County Patch sewn on your Left Sleeve for the concert. If you have other patches, you can apply them to the right sleeve, or on the chest. Please tell family and friends who are coming to the concert that tickets will be \$10.00. They can be purchased online at <a href="https://www.pbcbda.com">www.pbcbda.com</a> Follow the link on the All-County Concert Band tab.



PBSD 2649 (Rev. 11/17/2022)

# THE SCHOOL DISTRICT OF PALM BEACH COUNTY CHIEF ACADEMIC OFFICE

### Medical Disclosure & Acknowledgement of Procedures for Administration of Medication and/or Medical Treatment on Field Trips

As part of the field trip/extracurricular activity/events approval process, the parent/guardian must fully complete this disclosure and complete all requirements for the administration of medication and/or medical treatment. Failure to complete this form or meet any of these requirements will result in your child being ineligible to attend the field trip/extracurricular activity/event.

### ALL FIELDS ON THIS FORM MUST BE COMPLETED. A COMPLETED FORM MUST BE RETURNED FOR EACH STUDENT

Student #	Student First Name	M.I.	Last Name	Grade	Birth Date
School Name	1	<u> </u>			
	res medication, including over-the-count	er med	lications, and/or medical treatment during school	hours.	CYes CNo
	res medication including over-the-counted ication/medical treatment:	r med	cations, and/or medical treatment outside of scho	ool hours.	∩Yes ∩No
The parent/guard	lian must: and return this form to the sponsor by th	e desi	gnated deadline.		:
<ul> <li>if the administration completed Physical the designated</li> </ul>	sician Authorization Form from your child	ounter I's hea	medications, and/or medical treatment is or may lth care provider. Return the Physician Authorizat	be needed ion form to	, obtain a the sponsor by
abide by Board	Policy 5.321, Administration of Student	Medic	ation/Treatment.		•
Physician Author	if there are changes to the child's medic orization Form is required for <u>any</u> change outhorization Form must match the medi	es to th	ory, administration for medication or medical treat se student's medication or medical treatment, e.g. treatment provided.	ment. An u , dosage, i	updated frequency, etc.
<ul><li>medication/medic</li><li>have your child'</li></ul>	cal treatment <u>is not</u> currently stored in s health care provider complete and sign	n <b>the s</b> n the F	prescription or over-the-counter) or medical to school health room, the parent/guardian must: Thysician Authorization Form, attach a recent pictor an one month before the field trip/extracurricular	: ure of vour	child (pursuant to
<ul> <li>deliver any med event.</li> </ul>	ication/supplies listed on the Physician /	Author	zation Form to the sponsor on the day of the field	I trip/extrac	curricular activity/
<ul><li>medication/medic</li><li>the sponsor will</li></ul>	cal treatment is currently stored in the	scho nurse	the day of the field trip/extracurricular activity/eye		
the parent/guard the needed med school hours.	dian must sign out the medication from th lication listed on the Physician Authoriza	ne sch tion Fo	ool nurse the day before the field trip/extracurricu orm to the sponsor if the field trip/extracurricular a	lar activity/ activity/eve	event and deliver nt begins prior to
the sponsor will school hours.	return any unused medication/supplies t	to the p	parent/guardian if the field trip/extracurricular activ	√ity/event €	ends outside of
By signing below, I form or meet any o	acknowledge that I have read, understo f these requirements will result in my ch	od, ar ild beir	d will adhere to all requirements. I understand the grant in the grant of the grant in the grant of the grant in the grant of the grant	at failure to activity/eve	o complete this ent.
Parent/Guardian N	ame (printed)	Pare	ent/Guardian Signature		nte

ORIGINAL - Sponsor

COPY - School Nurse, Parent



## THE SCHOOL DISTRICT OF PALM BEACH COUNTY CHIEF ACADEMIC OFFICE

L	Elementary School
	Middle School
	High School

### Single Day Field Trip Permission/Release

Permission is requested for your child (student) to go on a single day field trip. To give permission for your child to attend this field trip, complete the information in Section II. Return the completed Single Day Field Trip Permission/Release to the teacher named below along with payment\* if there is a charge. If this Single Day Field Trip Permission/Release is not returned, your child will not be permitted to attend. This form must be signed by the parent(s)/quardian(s) and student, if over 18 years of age. Both parents should sign if feasible

signed by the parent(s		and st	.udent, II	over 18 y	ears or ag	e. Both pare	nts sr	ioula sign it	rea	sidie.				
School Name				School	School Contact						School Contact Phone #			
Teacher Name					Grade									
Departure Date May 2-3	Departure Tin 4:00	ie	] A.M [>	₹ P.M.	Return Date Ma	y 2-3	Appro	oroximate Return Time		 ] Р.М	Cost Per Student*			
Destination Kravis Center					⊠ln-count	∕	count	Number O Male		aperones Female	-	Driver(s	•	Student
<u> </u>	k all that apply) Private Charte		Wa	alking	Private	Vehicle***	$\boxtimes$	Other (spec	ify)	Parent	Studer	nt Transp	ortat	ion
Purpose For Trip Spotlight on Young M	lusicians Peri	forman	nce											
Description Of Supervision Supervision by district		at all ti	me, mini	us restroc	m breaks									
<ul> <li>Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.</li> <li>No penalty of any type will be imposed against the student based upon a failure to pay for the field trip. No student shall be denied the right to participate for failure to pay for the field trip. The principal may forgo a planned activity or use of a particular item based upon the collection of insufficient funds to cover the cost of the item or activity. This request is for a voluntary payment.</li> <li>*** Each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parent(s)/guardian(s) of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the PBSD 2362 Volunteer Driver Information.</li> <li>Describe the circumstances or times that the student will NOT be supervised by school staff or parents although adult supervisors will be present. Parents are encouraged to ask any questions about supervision on trip.</li> </ul>														
SECTION II - PARENT Student Name (last, first, n		AKDIA	IN APPR	OVAL	Student	Home Addres	ss				.,,			
Home Phone #		Busine	ss Phone	#		Cell Phone	#		•	Em	ergen	y Phone	#	
Physician's Name	n's Name Physician's Phone # Student Swimming Sk							_evel (if applicable) BeginningSkilled						
Other Student Information	(allergies, med	ications	s, etc., atta	ch PBSD	2649)						s) Prov By Pa			By School
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Signature of Emancipated S	tudent		Date			Sig	nature (	of Parent/Gua	ardiai	7			Date	е
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#### THE SCHOOL DISTRICT OF PALM BEACH COUNTY

# Release and Consent for Student Information Publication

Parents (including legal guardians) are required to provide written permission to their child's school if they wish to:

- allow their child to participate in school activities and the School District to publish the student's name, school name, grade level, photograph, video image, art work, writing, etc. in annual yearbooks, graduation programs, web sites, school newspapers, approved news gatherings, releases and articles, etc.
   AND
- 2) allow publication to the public of certain specified information (such as honors received) related to their child.

**DIRECTIONS:** If this is a blanket consent for all student publications throughout the school year, the parent will check the appropriate box and provide the school year. If a one-time release and consent for a special project is required, the parent will check the special release box and list below the name of the special project publication. The parent will sign and return to the student's school.

Student ID#	Grade		
School Name		School Contact	Contact Phone Number
Parent/Guardian Na	me	· · · · · · · · · · · · · · · · · · ·	
TYPE OF CONSENT	Γ (check one only)		
I hereby give per school name, par diplomas and aw programs, playbit school or District school or District public announcer name and photog	mission for the school or Di rticipation in officially recogn rards received, date and pla lls, school productions, web approved news media inter to the media and government ment of recognition of my st graph cannot and will not be	istrict to use my child's photograph, video image, writing activities and sport, weight and height of members of birth, and most recent previous school attended sites, social media sites, etc. and/or similar school rviews, releases, articles, and photographs. I also presental entities of my child's name, grade, school name audent's accomplishments. I understand that without included in any publications or presentation, including information publication listed below:	bers of athletic teams, dates of attendance, ed, in annual yearbooks, graduation or District sponsored publications or in ovide permission for the release by the e and honors my child has received for ut checking the permission box my child's
l hereby give pen	mission for the school or Dis	ight on Young Musicians Performance at the Kravis strict to use my child's photograph, video image, writ	ting, voice recording, name, grade level,
		ol name, etc. in the special production named above	
Talso understand the Television (ITV), The the appropriate trade.	e Education Network (TEN)	esentation or materials may be submitted for classwo ), a film festival or contest or any other display accor	ork, for open broadcast by Instructional rding to the broadcast/ publication rules of
School District of Palr	n Beach County so desires	nave the right to sell, duplicate, reproduce or make on This agreement is given with free knowledge of the thout restrictions or time limits.	other use of such rights transferred as The rights transferred to the School District of
X I give permissio	n for the consent request in	dicated above.	
I do not give perr	mission for the consent requ	uest indicated above.	
·	Signature of Parent/ (including if age 18 c	Guardian or Emancipated Student De or over - proof of age required)	ate