

STUDENT NAME: _____

Grade Level 2009-2010: _____

Instrument/Guard/Majorette: _____

SLHS Band Checklist of Required Forms and Payment

Please return entire packet

All forms and 1st Semester payments are due no later than **the first day of Summer Band Camp**. Students cannot participate without completed forms and paid assessment. In the event of financial hardship, only the Band Director may authorize a payment plan, and this plan must be in place **prior to Band Camp**.

NOTE: the Medical Power of Attorney **must be notarized** before it is returned. Your bank may offer this at no charge, and we have a band parent who can notarize the form for you, also at no charge.

- Letter of Commitment** (no need to fill out the rest if you can't complete this one!)
- Emergency information** (for band only; the school will require a separate form)
- Transportation Permission Form** (one form covers all travel)
- Assessment and Order Form with payment**
- Medical Power of Attorney** (must be notarized)
- Media Release** (requires witness signature)
- Volunteer Interest Survey** (all band parents are expected to participate in their child's band life; please tell us how you can help – remember that 20 hours of documented volunteer time during the 1st semester will rebate your 2nd semester assessment)
- Pasco County Volunteer Application** (REQUIRED) Please note: you are requested to apply online and simply write the date of your application on the enclosed form. Find the application at www.pasco.k12.fl.us after you click on 'Volunteer Application)

Welcome to the Seahawk Band!



Angela Stone
Principal

Tonya Langdon
Band Director



Mary Claypool
President

Debbie Macias
Vice President

Lynn Lemon
Secretary

VJ Allen
Treasurer

Letter of Commitment for Marching Band

It is said that half of success is "just showing up," and nowhere is that more true than in a band program. Like a team sport, Band is both an individual and group effort. It is imperative that every student understands the importance of his or her commitment to the program.

With Director approval, it is possible to enroll in a band class and participate in a sport after school. But during the fall, it is virtually impossible for a student to participate in marching band and a fall sport. There are inevitable conflicts that cannot be resolved to anyone's satisfaction. If you commit to the marching band program, but want to attempt to participate in a fall sport, you must agree to give marching band top priority for rehearsals and performances.

In addition, you agree to schedule medical appointments, haircuts, and other routine activities around the band rehearsal schedule. Only the band director may waive this requirement, only with sufficient prior notice, and for compelling circumstances.

Students who elect to participate in a fall sport and are unable to fulfill the commitment requirements of marching band are encouraged to enroll in the band class(es) of their choice and participate in other parts of the band program. They will be expected to attend Summer Band Camp and may be invited to perform as members of the non-marching front ensemble of the marching band. In addition, they will be invited to play in the stands at football games, participate in parades, and (as appropriate) perform with the concert and jazz bands.

I agree to be a committed member of the Sunlake High School band program as described above.

Student Signature: _____ Date: _____

I agree to support my student as a committed member of the Sunlake High School band program as described above.

Parent Signature: _____ Date: _____



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
GRADES 6 - 12 - EMERGENCY INFORMATION**

MIS Form #415
Rev. 3/04

STUDENT _____ (Last name) (First) (Middle) SCHOOL I.D. # _____

STUDENT'S SOCIAL SECURITY # _____ DATE OF BIRTH _____ GRADE _____

Home Phone: _____ Cell: _____ Email: _____

ADDRESS _____ CITY _____ ZIP _____

PARENT/GUARDIAN _____ PARENT/GUARDIAN _____

EMPLOYED BY _____ EMPLOYED BY _____

PHONE AT WORK _____ PHONE AT WORK _____

PERSON(S) WHO WILL CARE FOR CHILD IN CASE PARENT / GUARDIAN CANNOT BE REACHED:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

FIRST AND LAST NAMES OF BROTHERS / SISTERS ATTENDING PASCO CO. SCHOOLS _____

LIST ANY MEDICATIONS YOUR CHILD IS CURRENTLY TAKING _____

LIST ANY HEALTH PROBLEMS OR ALLERGIES OF WHICH THE SCHOOL SHOULD BE AWARE _____

DOES YOUR CHILD'S HEALTH PROBLEM IMPACT HIS/HER LEARNING? YES _____ NO _____ IF YES, PLEASE EXPLAIN.

(PARENTAL CONSENT ON BACK - SIGNATURE REQUIRED)

For Band Use Only – The School Will Require a Separate Card

PARENTAL CONSENT

MIS Form #415
Rev. 3/04
BACK

I hereby give my consent for my child, _____, to participate in the School Health Services Program. This means that my child will receive vision, hearing, scoliosis, and blood pressure screening at certain grade levels. In addition, the school nurse conducts classroom, individual, and small group presentations on health issues such as abstinence, substance abuse prevention, dating and relationship issues, birth control, and sexually transmitted diseases at certain grade levels. If I object to any of these health screenings or programs, I will notify the school in writing.

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact the physician or dentist indicated below and to follow his instructions. If it is impossible to contact this physician or dentist, the school may take whatever arrangements are necessary to provide care and treatment for my child, and exchange medical information with the provider as necessary to support the continuity of care for my child. I agree to pay all expenses incurred by the handling of this emergency care.

In case of an accident or illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at school, I request that one of the persons listed on the reverse side of this form be contacted and requested to care for my child until I can be reached.

Physician's name _____ Phone _____

Dentist's name _____ Phone _____

If my child is covered by Medicaid and receives health services under an IEP, I consent for the school district to bill Medicaid for those services.

Current Medicaid card YES _____ NO _____ MEDICAID NUMBER - _____

Date _____

PARENT / GUARDIAN NAME (please print)

PARENT / GUARDIAN SIGNATURE

District School Board of Pasco County
Parent/Guardian's Release for Transportation by Bus, Private Vehicle

In consideration of _____ (Student Name), born on _____ (mo/day/year), having been accepted by the principal, teacher or teachers, or other personnel of **Sunlake High School** of the District School Board of Pasco County to go on school-sponsored trips to **Various Band Events for the 2009-2010 School Year**, I, the undersigned, understand that my child will be transported by a privately owned vehicle or by a school bus. I hereby release the District School Board of Pasco County, the individual members of said Board, the Superintendent, the principal, teachers, or other employees and volunteers of the school from any financial responsibility because of sickness of the student while going to, returning from, or attending said field trip, or because of any accident in which the student is injured. To ensure prompt attention in case of sickness or accident, I hereby authorize the person or persons in charge of said trip to incur expense considered necessary for treatment, and I agree to pay for same if this is in excess of the amount paid by any accident or health insurance policy that may be in effect at the time of the sickness or accident.

By signing below on this document, I the undersigned give permission for my child to be transported by privately owned vehicle or by school bus to Band Functions for the calendar year beginning June 4, 2009.

Name of Parent/Guardian (Print): _____ Date: _____

Signature of Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Address: _____

Why YOU Really Really Really Should be a Band Parent

All students should be in band, and every parent a band parent. Still, some people resist. Some common arguments against becoming a band parent are refuted here.

I take care of my child. I don't have to worry about the rest of the band.

- This shows a basic lack of understanding of how a band works. Bands are only as good as their weakest section. Your band student could have the finest instrument, the most expensive lessons, go to the best summer band camps and still never have any chance of winning at competition if the rest of the band is neglected. A few good players do not a good band make. In a good band every player must be good. To take care of your band member you have to help take care of the whole band.

The school district should take care of everything the band needs.

- Wouldn't that be nice? Usually they just pay for the basics like band director's salaries and such. If they don't even do that then run for the school board. You might change things for the better. There are people in every community who do not understand the importance of band. You will have to fight them for every penny.

I don't have enough money for band parenting.

- No one does. Band always needs more money. If people waited until there was enough money for band there would be no bands. Be a good band parent with whatever money you have.

I am very busy and do not have time for band parenting.

- A person who has no time for band parenting has no time for life.

How to Become a Band Parent

Just follow this simple four-step program.

- 1 Acquire a child.
- 2 Check "Yes" on school form asking if your child wants to be in band.
- 3 Congratulations! You are now a band parent.
- 4 Repeat Steps 1-3 as often as you like.

Easy! Still, becoming a band parent is a gradual process. Enlightenment comes as you furiously rearrange busy schedules to avoid conflicts with marching performances, the existence of which you were previously and happily unaware.

The road to band parenting begins when your child is in 5th or 6th grade. At first it is no big deal. You go to one band parent meeting a year (if that), the occasional parade and concert, no major effort.

But as eighth grade winds down, it arrives: the letter from the high school band that will change your life more than any other single piece of paper. After cheery greetings and congratulations on finishing middle school, there is the notice of mandatory marching band camp during the summer. And costs, oh the costs.

And while you juggle summer plans around marching practice, you hear from your Band Boosters. They invite (command?) your presence at the next meeting. Congratulations! You are about to become a really and truly, honest to goodness, four-star, genuine, dyed-in-the-wool, fully-fledged BAND PARENT!

Angela Stone
Principal

Tonya Langdon
Band Director



Mary Claypool
President

Debbie Macias
Vice President

Lynn Lemon
Secretary

VJ Allen
Treasurer

Why Take Band?

A quick online search will give you lots of reasons, but the bottom line is this: band students average 62 points higher on SAT tests than non-band students. Further, they enjoy successful high school careers, go on to college and become leaders in society at greater rates than non-Band students. Research consistently shows a link between top academic achievers and students who take band. And, the more time students spend studying music, the higher the scores.

Like a team sport, Band is both an individual and group effort. The values of cooperation, communication, concentration and completion are inherent to the process of making music together. Further, Band is a place for everyone – every player has a starting role and no one sits on the bench. And finally, music is a rare academic area that requires students to master their skills, and be tested on them, but then also to apply them in public and judged performances.

Besides, Band is fun...and something the whole family can support and enjoy!

Explanation of Student Assessments

High school bands require an annual assessment for participation, as do athletic teams, cheerleading squads and other extra- and co-curricular activities. SLHS Band budgeted expenses are approximately \$400 per band member annually, to be paid by assessment, dues and fundraising.

The annual assessment is \$200 for musicians and \$175 for auxiliary members, with a \$10 discount offered for second and subsequent children from one family. Jazz-only students (electric guitar) pay an annual assessment of \$50. All assessments are to be paid in full by the first day of Summer Band Camp (monthly payments are offered, beginning in May of the previous school year).

The 2nd Semester portion of the Musician/Auxiliary assessment (\$50) is held in trust during the 1st semester and will be rebated to students whose family members contribute at least 20 hours of documented volunteer time during the 1st semester.

Each student has a personal account with the Boosters. During the year, students have the opportunity to raise funds for the band, with part of the money going directly into their personal accounts to defray future expenses. Assessment rebates will be placed in these accounts during the 2nd semester, with any outstanding expenses deducted before deposit.

SLHS Band Assessments & Order Form 2009-2010

Student name: _____

#1 Parent/Guardian name(s): _____

Instrument/Guard/Majorette: _____

Preferred Telephone # _____

Year of Graduation: _____

Email: _____

Student Address: _____

#2 Parent/Guardian name(s): _____

Student Email: _____

Preferred Telephone # _____

Student Cell Phone: _____

Email: _____

Assessments

Description	Amount	Payment Options/Due Dates
<input type="checkbox"/> Band Students OR <input type="checkbox"/> Auxiliary Students (Color Guard/Majorettes) OR <input type="checkbox"/> Jazz Only Students (Usually reserved for electric guitarists; requires Director to sign: _____)	\$200 \$175 \$50	<input type="checkbox"/> Single Payment: <i>Full amount due no later than on arrival at the 1st day of Band Camp.</i> <input type="checkbox"/> Installment Plan: <i>\$50 due May 1st. June 1st July 1st and balance due on arrival for the 1st day of Band Camp.</i> NOTES: <i>Students may not receive practice uniforms or participate in Band Camp until assessment is paid and completed forms are submitted.</i> <i>Families requiring an individual payment plan (weekly, biweekly, etc.) must make arrangements with the Band Director in advance.</i> <i>A delinquent Band account may affect a student's ability to transfer records or complete graduation.</i>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$50 REBATE When You VOLUNTEER (see below) </div>		
FAMILY DISCOUNT: Deduct \$10 from assessments of 2 nd and subsequent students from the same family		

Late Enrollment Assessments

Students who enroll in school:

During the 1st quarter (after band camp): \$100

During the 2nd quarter: \$75

After the 1st Semester: \$50

For Jazz Only (any time): \$50

Enrolled students who skip Band Camp are obliged to pay the full assessment amount.

Band camp expenses are allocated based on the number of enrolled students.

NOTE: \$50 is Rebated to Personal Band Accounts of students whose parents or guardians contribute at least 20 documented volunteer hours during the 1st Semester!

Questions? Email: president@sunlakebands.org

Uniform Order Form

(Required items ordered through the Band)

Item	Price	Size/Quantity	Comments
<input type="checkbox"/> Practice T- Shirt (Band & Auxiliary)	\$10	<input type="checkbox"/> Small <input type="checkbox"/> XLarge <input type="checkbox"/> Medium <input type="checkbox"/> XXLarge <input type="checkbox"/> Large	The order will be placed by the end of June. Orders placed later may not be filled in time for Band Camp and WILL incur extra charges. Band students are required to wear practice uniforms for marching band practice.
<input type="checkbox"/> Practice Shorts (Band)	\$10	<input type="checkbox"/> Small <input type="checkbox"/> XLarge <input type="checkbox"/> Medium <input type="checkbox"/> XXLarge	
<input type="checkbox"/> Practice Shorts (Auxiliary)	\$10	<input type="checkbox"/> Large	
<input type="checkbox"/> Show Shirt	\$15 (per extra)	<input type="checkbox"/> Small <input type="checkbox"/> XLarge <input type="checkbox"/> Medium <input type="checkbox"/> XXLarge <input type="checkbox"/> Large	(One student show shirt is included in assessment)
<input type="checkbox"/> Family Show Shirt	\$15	<input type="checkbox"/> Small <input type="checkbox"/> XLarge <input type="checkbox"/> Medium <input type="checkbox"/> XXLarge <input type="checkbox"/> Large YOUTH SIZE: <input type="checkbox"/>	Parents who volunteer at marching events are asked to wear the family show shirt.
<input type="checkbox"/> Extra Gloves (Marching students only)	\$5	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small <input type="checkbox"/> XLarge <input type="checkbox"/> Medium	1 pair included in band assessment; we suggest ordering at least one extra pair...things happen!

Assessment

Your Annual Assessment: \$ _____

- Family Discount (if any) - \$ _____

- Choose your payment plan
- Single: Pay in full, no later than first day of Band Camp
- Installment: \$50 attached; \$50 due June 1st, & July 1st; balance due first day of Band Camp

Uniform Order – Payment must accompany order

Practice Uniform Shirt(s) \$ _____

Practice Uniform Shorts \$ _____

Extra Student Show Shirt(s) \$ _____

Family Member Show Shirt(s) \$ _____

Extra Marching Gloves \$ _____

Total Due \$ _____

Payment enclosed: \$ _____

Balance due: \$ _____

Your Assessment Includes:

- 🎵 Mandatory Summer Band Camp (Clinicians, Dinners, Supplies)
Students bring lunches, water jugs, drinks, snacks)
- 🎵 1 Student Show Shirt
- 🎵 1 Pair Marching Gloves
- 🎵 Annual Uniform Dry Cleaning
- 🎵 Transportation to games and assessments
- 🎵 4 Pizza Dinners (or equivalent)
- 🎵 District FBA Registration Fees
- 🎵 Family Booster Membership

I agree to pay the balance due no later than the start of the first day of band camp, unless prior arrangements are made with the Band Director. I understand that failure to pay may mean that my student will not be able to fully participate in the program. I also understand there are no refunds should my student elect to drop out of band.

Please make check payable to SLHS Band Boosters. Return to Band Room or mail to PO Box 2537 ~ Land O' Lakes, FL 34639

Check # _____

POWER OF ATTORNEY

RE: TRAVEL WITH Sunlake High School Band

KNOW ALL MEN BY THESE PRESENCE THAT

I, _____, (parent/guardian) of my (son/daughter), _____, a student of Sunlake High School and a member of the Sunlake High School Band, have read the band handbook and agree that my said child, herein above indicated, will abide by the printed rules in said handbook and all applicable School Board of Pasco County rules.

I HEREBY CONSTITUTE AND APPOINT Tonya Langdon, as my attorney in fact, should any medical emergency occur to my said child and authorize my said attorney to provide medical treatment as necessary for the health and well being of my said child and I do hereby give permission for the treatment of my said child. My child is presently covered by the _____ insurance company, policy number _____, or by school insurance policy number _____.

Any interested party may contact me at my residence, _____ or phone () _____, or my place of employment _____, or phone () _____.

I HEREBY CONFIRM that realizing all reasonable precautions will be taken for my child's safety and state that I shall not hold the Pasco County School Board or Sunlake High School and/or the Director/Designee, responsible for any accident or illness that may occur to my said child except for any person whose negligence caused such accident or illness.

THIS INSTRUMENT IS EXECUTED in the State of Florida, but it is my intention that this specified Power of Attorney shall be exercisable in any state or jurisdiction wherein my child may travel with the aforementioned Sunlake High School Band.

IN WITNESS, I have hereunto set my hand and seal this _____ day of _____, 2009.

(signature of parent/guardian)

**STATE OF FLORIDA;
COUNTY OF PASCO;**

BEFORE ME, the undersigned authority, personally appeared _____, to me known/unknown to be the person who subscribed the foregoing instrument and acknowledged before me that (he/she) executed the same voluntary and for the uses and purposes therein expressed.

WITNESS my hand and official seal in the county and state last aforesaid this _____ day of _____, 200__.

Notary Public - State of Florida

My commission expires: _____

Media Release Form

In consideration of the opportunity for me (defined to include my child or ward) to participate in the **various band functions and productions, for the 2009-2010 school year**, I do hereby authorize Pasco County School District to use, in perpetuity, my likeness, voice, or performance which has been recorded on tape, film, or other media. Such use shall include but not be limited to the following areas: (1) instruction, (2) general education purposes, or (3) entertainment. I also authorize use of any biographical facts about me as required. I understand fully the conditions set forth in this document and agree to the conditions of this release.

Name of participant (student): _____ (type or print)

(If the participant is under 18 years of age, the parent of the guardian of the participant must sign the media release)

Signed: _____

Print Name: _____

Witnessed by:

Signed: _____

Print Name: _____

Address: _____

Volunteer Interest Survey

(No one should have to do everything, but everyone should do something!)

Remember!
20 hours of volunteer time will result in a rebate of the 2nd Semester Student Assessment.

Parents/Guardians Where can you help?		Volunteer Job Description
Vol Name	Vol Name	
		Volunteer Coordinators (may be shared): develop and manage volunteer sign-in system – submit monthly totals to the school; communicate with volunteers to ensure they feel appreciated and 'heard'; ensure sufficient chaperones and volunteers for activities; develop a volunteer appreciation plan.
		Fundraising Coordinators: Offering memberships to local businesses, requesting donations of money, needed supplies or prize items, coordinating a merchandise sale, talking to businesses about musical performances, assisting with a bake sale or car wash, other ideas you have (please tell us!):
		Chaperone Coordinators: assist students and at on- and off-campus events, including games, competitions, fundraisers, other performances. May include riding on band buses, or transporting students.
		Uniform Coordinators (one for musicians, one for auxiliary): measure and assign uniforms, instruct students on care and handling of uniforms; monitor wear and tear and cleanliness, assist students as needed, monitor uniform orders as needed. Assist with ensuring uniform compliance as re: shoes; black socks; hair appropriately styled, etc.
		Equipment Managers: Equipment maintenance; transportation, placement and tear-down of 'pit' percussion, podium, props at games and performances; on the road, may require driving a band truck or hauling a trailer.
		Parking Managers: Our biggest moneymaker requires the participation of most of us at some point. We need at least one (preferably two) people to oversee the operation and a rotating crew to help with setup, taking money and attending to parking at games, counting and turning in money, issuing passes, etc.
		Special Event Coordinators: Coordinate and staff events such as Summer Band Camp, Band Trips, Awards Banquets, Band Celebrations, and the many opportunities to Feed the Band!
		Band Trip Coordinators: We try to take the kids on a trip each year, alternating expensive overnight trips with fun day trips annually. To successfully arrange and fund these trips, we need volunteers who can concentrate on these projects well in advance!
		Worker Bees: Chaperones are required for all appearances and activities (minimum of one for every 10 students). We also need help transporting and handling equipment, working the parking lot, and with events and fundraisers.

(NOTE: A School Volunteer Application must be completed and submitted for district approval before any family member is permitted to work with students; other adults must comply with the provisions of the Jessica Lunsford Act to include background check and fingerprinting.)

Student name: _____ Preferred Email: _____

Parent Volunteer name: _____ Preferred Telephone # _____

Parent Volunteer name: _____ Preferred Telephone # _____

Describe your availability/conflicts for volunteering: _____

You may not believe it, but the kids love to have their parents involved with the Band. When you volunteer for the Boosters, you're not only supporting the Band, you're supporting your student(s). They won't tell you...so we will:

Thank you!



District School Board of Pasco County School Volunteer Application

MIS Form #621
Rev. 1/04

_____ - _____ School Year

Please Print (only one applicant per form)

Date of Registration _____ School **SUNLAKE HIGH SCHOOL**

Social Security Number _____ Ms. _____
Mrs. _____ Mr. Last First Middle

Address _____
Number Street City State Zip

Telephone Number (____) _____ Date of Birth ____/____/____ Sex ____ Race ____

Work Number (____) _____

Are you available to volunteer during _____

Are you a member of the RSVP Program? _____

Are you a staff/district employee? _____

Are you a mentor? _____

Each adult volunteer must be approved to work with students. Family members, please apply online at www.pasco.k12.fl.us

Click on Volunteer Application and fill out the form – it's simpler and is approved more quickly.

This form must be completed annually.

Please write in the date you submitted your information online: _____

Working at this school? Yes No

Teacher _____

Teacher _____

Teacher _____

Falsification or
Do you agree to maintain CONFIDENTIALITY of student information?

for Dismissal.
If you have been arrested, convicted, or had adjudication withheld or for a criminal charge, regardless of when?
Yes No

Request for Local Law Enforcement Check for Pasco County School Board Volunteer

By signing below, I agree to the rules and regulations of the Volunteer Program. My signature below certifies that I have reviewed the criminal offense statement and responded truthfully.

I hereby authorize the local Sheriff's Office to check any and all records pertaining to arrests, and for any law enforcement agency to release to the District School Board of Pasco County information regarding arrests under Florida Statutes or Statutes of other jurisdictions.

Applicant's Signature _____ Date _____

Sheriff's Office Use Only

The information stated at right was obtained through arrest records held by the local Sheriff's Office. Additional information may be available through the County Clerk's Office.

No local record found
Local record found

Comments _____

Prepared by _____ Date _____ Supervisor Review _____ Date _____