

**Kailua Intermediate School Band**  
**Sixth Grade Orientation Night Concert**  
**Thursday, April 9, 2020**

Dear Students and Parents,

Orientation night for the incoming sixth graders and their parents has been scheduled for Thursday, April 9. The Principal and PCNC have requested that the band perform for this event in order to acquaint new students and their parents with the band program prior to attending KIS. Please see the itinerary and uniform policy below.

Itinerary

- |         |  |
|---------|--|
| 4:30 pm | Arrive at KIS in full uniform. Sign in on the bandroom door.<br>Take chairs, stands, and percussion to back of cafeteria and set up.<br>Set up instruments, warm up, and tune in bandroom. |
| 5:00 pm | Take instruments to cafeteria for sound check.   |
| 5:30 pm | Performance begins.  |
| 5:45 pm | Performance ends. Take instruments back to bandroom.<br>Clean and store instruments. Take chairs, stands, and percussion to bandroom.  |
| 6:15 pm | Debriefing and dismissal. Students may sign themselves out.  |

Uniform

Boys:

- Plain, white, long or short sleeved collared shirt
- Ironed black slacks
- Black socks, mid-calf length
- Solid, black covered shoes

Girls:

- Plain, white long or short sleeved blouse or collared shirt
- Ironed black slacks or solid black skirt (skirt must be mid-calf length or longer)
- Solid black shoes or black sandals

Absences from Performance

Students who are unable to participate due to extenuating circumstances (i.e. severe illness, family emergency) must provide a note at least one week in advance from their parents/guardians for situations in which they have advance knowledge.

Students who have 2 or more unexcused absences or tardies from rehearsals will not be permitted to perform in the concert due to lack of adequate preparation.





STATE OF HAWAII  
DEPARTMENT OF EDUCATION

Distribution for overnight or off-island travel:  
Original - Chaperone; 1 copy each to principal & parent

**Parent/Legal Guardian Authorization for  
Student Participation and Travel**

This completed form and payment (if applicable) are due on or before:

03/24/20 to Mrs. Liou  
(Date) (Advisor/Teacher)

Permission is requested for your child to participate in the following:

Activity: Sixth Grade Orientation Concert School: Kailua Intermediate  
Organization: KIS Band Place: Kailua Intermediate School  
Teacher/Advisor: Liou Dates: 4/9/2020 Times: 4:30-6:15 pm  
Mode of Transportation: parents responsible for transporting students

- a. Transportation... (\$ \_\_\_\_\_)
- b. Entrance Fee..... (\$ \_\_\_\_\_)
- c. Other Costs..... (\$ \_\_\_\_\_)
- d. Total Cost..... (\$ 0.00)

**Parental Permission**  
(To be completed by Parent/Legal Guardian)

Name of Student: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Check as appropriate: (Please include relationship)

- My son/daughter has permission to attend the above activity.
- My son/daughter DOES NOT have permission to attend the above activity.

**Medical Insurance Coverage**

- My child has medical coverage with: \_\_\_\_\_  
(Name of plan, e.g., HMSA, Kaiser, Military, etc.)
- My child is not covered by any medical insurance plan.

**Private Vehicle Usage**

- My son/daughter may drive to the activity alone. (Form BO-4, "Application for Use of Private Vehicle to Transport Students" must be completed and attached to this form.)
- My son/daughter may ride in a vehicle driven by an adult to the activity.

I grant permission for the above named student to participate in the activity/activities listed above, and to travel by private or commercial car, bus, train, airplane, and other means of transportation as required. I further give permission to travel by the mode indicated above. I release the State from liability resulting from the use of other than school vehicles pursuant to HRS 286-181.

In the case of illness or injury to above named student, I hereby consent to and authorize such treatment as deemed necessary, and agree to pay for such medical and dental costs if incurred.

\_\_\_\_\_  
Print or Type Parent's/Legal Guardian's Name

\_\_\_\_\_  
Parent's/Legal Guardian's Signature

\_\_\_\_\_  
Date

**Teacher Acknowledgment for Student Travel**  
(To be completed by subject teachers, if applicable)

Please sign below to acknowledge that the above student will be missing class because of the activity mentioned above. He/She understands that all class work shall be made up at **YOUR** convenience.

Home Room: \_\_\_\_\_ Period 4: \_\_\_\_\_  
 Period 1: \_\_\_\_\_ Period 5: \_\_\_\_\_  
 Period 2: \_\_\_\_\_ Period 6: \_\_\_\_\_  
 Period 3: \_\_\_\_\_ Period 7: \_\_\_\_\_

