

McKinney Boyd Orchestra Forms 2016 - 2017

Please complete all the following required forms as soon as possible.

____ MISD Co-Curricular/Extracurricular Emergency Medical Form

____ MISD Student Co-Curricular/Extracurricular Contract

____ MISD Drug Policy Contract (DUE BY SEPT. 9)

____ MBHS Orchestra Signature Form/Publicity Release

____ MBHS Orchestra Private Lesson Student Information Form (optional)

____ MBHS Orchestra School Owned Instrument Contract (for all
cello/bass students)

*Violas may request the use of a school instrument if necessary
but use will depend on need and availability (we only have two). Please talk to
your director if you need more information.*

Then place your \$60 Orchestra fee (payable to **McKinney ISD**)
and instrument fee (cello/bass students) in an envelope with
your fee page and turn into the safe.

**PLEASE TURN IN ALL FORMS AND ORCHESTRA FEES
BY MONDAY, SEPTEMBER 23, 2016.**

MISD STUDENT CO-CURRICULAR / EXTRACURRICULAR CONTRACT

I, _____, understand that it is a privilege and honor, not a right, to be a member of a McKinney ISD Co-curricular / extracurricular activity.

I understand I must conduct myself with the utmost integrity and honesty as a student involved in co-curricular/extracurricular activities in McKinney ISD. I understand that my position as a student involved in co-curricular / extracurricular activities means that I am held to a higher standard of behavior, and therefore, may receive greater, different, and/or additional consequences than those outlined in the MISD Student Code of Conduct for conduct, regardless of whether such conduct occurs on or off school property, at a school sponsored or school related event, or involves social media on and/or off campus.

I understand and agree that consequences assigned under this Contract will be assigned at the discretion and determination of the sponsor/coach and/or the campus administration of the activity, in any hierarchy/order deemed appropriate by the sponsor/coach and/or campus administrator, and may include, but are not limited to, disciplinary consequences in, suspension from, removal from and/or prohibition from future participation in one and/or all co-curricular/extracurricular activities in McKinney ISD.

I understand and agree this contract is in force from the date of my signature through my graduation date from McKinney ISD, whichever occurs later. This contract includes summer, vacation, and holiday days. Disciplinary consequences may be assigned for McKinney ISD co-curricular / extracurricular activities occurring during summer, vacation, holiday days and after my graduation.

I have read this MISD CO-CURRICULAR / EXTRACURRICULAR contract, and I understand and agree to all of the terms, process, and consequences stated herein, including the discretion afforded the sponsor/coach and/or the campus administration in determining the consequences assigned under this Contract.

Student Signature

Date

Parent Signature

Date

Parent Signature

Date

**McKinney Independent School District
Drug/Alcohol Screening Test
Parent/Guardian/Student Consent Form**

I, _____ and _____
(print name of student) (print name of parent/guardian) am the
parent/guardian of _____ a student enrolled in the
(print name of student)
the McKinney Independent School District.

I understand that participation in an extracurricular activity is a privilege that may be withdrawn for violations of McKinney ISD Board Policies. I understand that extracurricular activities include, but are not limited to: all UIL activities; school-sponsored student groups/clubs/organizations; student council; all elected/appointed student officers; and non-curriculum-related student groups.

I acknowledge that I have received a copy of the Random Drug/Alcohol Testing Program for McKinney ISD. I have read the District's Policy and understand the provisions of the random drug/alcohol testing program. I hereby consent to the testing provided by the program. I understand that participation in extracurricular activities at McKinney ISD, as defined under the Policy, is conditioned upon my consent and participation in the random drug/alcohol testing program. In consideration of the benefits arising to me/my child from this activity, I hereby grant permission for me/my child to participate in the program. I further agree to and shall indemnify and hold harmless the District, its officers, agents and employees, from suits and liability of every kind, including expenses of litigation, court costs, and attorneys' fees for injury or damage which I or my child, or any other person might sustain as a result of my child's participation in the random drug/alcohol testing program.

I acknowledge that I have read and understand this consent and release. I represent that I am the student/parent or guardian of the student named above, and I hereby agree that we shall both be bound by the terms of the consent and release provisions set forth in the random drug/alcohol testing policy.

Circle which (Parent/Guardian Signature)

(Date)

I, the student noted above, acknowledge that I have read the foregoing consent and release and that I understand it and agree to be bound by its terms and the terms of the random drug/alcohol testing program.

(Student Signature)

(Date)

**McKinney Independent School District
Co-Curricular/Extracurricular Emergency Medical Form**

Co-curricular/extracurricular activities are considered an extension of the school day therefore McKinney ISD policies continue to be in effect. This includes policies for medication usage. The following guidelines are in effect for all secondary activities and trips. **This form may be viewed by a parent volunteer in the event of an emergency in the absence of an MISD employee.**

Student Name: _____ **ID#** _____ **Grade:** _____

Parent/Guardian Name(s): _____ **Emergency number(s)** _____
(Last) (First)

Address: _____ **Home Phone:** _____

Health History: (Check...give approximate dates, if applicable)

- ☐ Frequent ear infections _____
- ☐ Headaches _____
- ☐ Heart defects/disease _____
- ☐ Seizure disorder _____
- ☐ Bleeding/clotting disorders _____
- ☐ Hypertension _____
- ☐ Emotional disturbances _____

- Diseases:**
- ☐ Diabetes _____
 - ☐ Sickle Cell _____
 - ☐ Asthma _____

- Allergies:**
- ☐ Hay fever _____
 - ☐ Poison ivy, etc. _____
 - ☐ Insect stings _____
 - ☐ Penicillin _____
 - ☐ Other drugs _____

Disabilities, diseases, chronic or recurring illness: _____

Current medication (send with MISD medical form): _____

Any specific activities to be limited by physician advice: _____

Any medically prescribed meal plan or dietary restrictions: _____

Any known allergies (food, drugs, plants, insects, etc.): _____

Dates of operations, serious injuries, psychiatric counseling or hospitalization: _____

Additional health information: _____

Medications must be provided by the parent in the original container or package with a signed MISD medication form and adhered to MISD medication policy.

PLEASE NOTE: If any medications are found on the student's person or in his/her possession he/she may be subject to disciplinary action.

Signature of Parent or Guardian _____ **Date** _____

If parents cannot be reached in case of emergency, please contact:

Name: _____ **Phone:** _____

Physician's Name: _____ **Phone:** _____

This health form is correct so far as I know, and the person listed above has permission to engage in all prescribed activities except as noted.

In case of injury or serious illness during any trip, I hereby grant permission for school employees to secure medical services for the student named on this sheet. Such treatment will be administered only by licensed medical personnel. I agree to accept responsibility for all authorized doctor, hospital and medical expenses.

Signature of Parent or Guardian: _____ **Date:** _____

MBHS Orchestra Signature Form/Publicity Release

Student Name: _____

Parent/Guardian Acknowledgment

- We have read and understand the **McKinney Boyd High School Orchestra Handbook**, available under the “Information” tab at boydorchestra.com.
- We commit that we will support our child with his/her fine art endeavor and will attend at least one function on his or her behalf.
- We understand and accept the rules and guidelines that our child is expected to follow.

Publicity Release

Throughout the year opportunities may arise for us to publish your child’s name, photo, or work in the local newspaper(s) or on our website. Please understand that we will NOT put named pictures on the website—no photos will identify students by name. Please read the options below. Not checking any boxes will be received as permission granted.

Newspaper

___ I **do** grant the MBHS Orchestras permission to publish my child’s **photograph and name** in the local newspaper/publications

___ I **do not** grant the MBHS Orchestras permission to publish my child’s **photograph** in the local newspaper but **will** allow the publishing of their **name** and the prestigious honor received.

Website

___ I **do** grant the MBHS Orchestras permission to publish my child’s **unnamed photograph** in group/candid shots on the MBHS Orchestra website

___ I **do not** grant the MBHS Orchestras permission to publish my child’s unnamed photograph in group/candid shots on the MBHS Orchestra website

X _____
Parent’s/Guardian’s Signature

Date

Student Acknowledgment

- As a student and a member of this orchestra, I have read this handbook and understand all membership requirements in regard to study, practice rehearsals, and performance attendance.
- As a member of this Orchestra, I will assume the obligations and responsibilities and do my utmost to accomplish the objectives and follow the principles, rules, and regulations.
- As a member of this Orchestra, I understand that I must meet the membership requirement, obligations and responsibilities. Failure to meet the criteria for my assigned Orchestra may result in my being reassigned to an ensemble class more suited to my ability or maturity level.

X _____
Student’s Signature

Date

MBHS Orchestra Annual Fees

Turn this form in with your payment

The MBHS Orchestra Annual Fee for the 2016-2017 school year is \$60. This fee includes the student's binder & binder supplies, Orchestra t-shirt, one solo or ensemble fee, uniform dry cleaning, and helps offset the costs of bus transportation, guest clinicians, master classes, etc.

Student's Name _____

Annual Fee for all orchestra students	\$60.00
School-Owned Instrument Maintenance Fee (to be paid by cello and bass players or anyone using a school viola ONLY) \$25 per semester x 2 semesters = \$50.00	\$50.00
Donations* (optional)	\$ _____
TOTAL TO BE PAID BY FRIDAY, September 23, 2016	\$ _____

*Donations will be used to help students who cannot afford to pay their Annual Fee(s).

Please notify the director if you need to set up a payment plan to pay this/these fee(s) in multiple smaller amounts throughout the school year. Students may also take advantage of opportunities to “work off” a portion of their orchestra fees through tasks assigned by the directors. Please discuss financial difficulty with the directors in private – we will work with you!

PLEASE MAKE CHECKS PAYABLE TO McKINNEY ISD and write MBHS Orchestra on the memo line at the bottom of your check. Cash and money orders are also accepted.

Fees are not refundable.

PLEASE RETURN THIS FORM WITH YOUR STUDENT'S FEE(S)
BY Friday, September 23, 2016

MBHS Orchestra Private Lesson Student Information Form

****BY RETURNING THIS FORM YOU ARE ENROLLING YOUR CHILD IN PRIVATE LESSONS AND ARE AWARE OF THE FEES AND POLICIES THEREOF****

McKINNEY ISD MUSIC PRIVATE LESSON STUDENT/PARENT CONTRACT

Purpose of the lessons

The MISD private lesson program exists as a means for all students to better their musical skills by working with a professional musician who specializes in an individual discipline. The skills necessary to excel as a musician can only be attained with considerable work beyond the classroom. Private lessons guide the student along this path.

Cost per lesson

Each lesson will cost **\$20.00**.

Payments are the responsibility of the student and must be made directly to the private lesson teacher in conjunction with that teacher's payment policy. Teachers are instructed not to teach a lesson for which payment has not been received. Private Lesson teachers are responsible for tracking lesson payments and are required to issue a receipt for payments made by the student. Non-payment, returned checks, or repeated late payments are grounds for dismissal from the private lesson program.

IV. Attendance Policy

Students must give at least 24 hours notice for all cancelled lessons in order to receive credit for future or make-up lessons. Failure to do so will result in a defaulted lesson. Students will be charged the regular lesson rate for each defaulted lesson. Teachers will not be required to make up any defaulted lesson. In the event of an emergency, the lessons may be cleared of default status if a reasonable attempt to notify could not have been made. In such cases, notification must be made at the earliest possible time. Each music director will have the final word on all such determinations. If a student is late for a lesson, the teacher is under no obligation to extend the lesson beyond the normal ending time or to make up the lost time at a later date. If a teacher is late for a lesson, the teacher must either extend the ending time or make up the lost time at a later date. If a student is unable to contact the teacher to report a cancellation, the student may notify the director, if and only if he/she has attempted unsuccessfully to reach the teacher. The same policy/procedures will be in place for teacher cancellations with one exception. If the teacher gives 48 hours notice, the cancellations may be reported to the director to be relayed to the student.

Private Teaching Staff

The private instructors are regarded by MISD as private contractors. They are well-trained professionals and will adhere to all MISD regulations and guidelines. The director will supervise all aspects of the private lesson program. All private lesson teachers have undergone and cleared an extensive criminal history background check.

I have read the above contract and agree to adhere to its terms and conditions:

X _____
Student Signature

X _____
Parent Signature

Please Print:

Student's Name _____ Orchestra Class Period _____

Parent's/Guardian's Name _____

Best way to contact you? ___ Phone ___ Email _____

If a during class time is unavailable, can your student take:

a before-school lesson? ___YES ___NO which days? _____

an after-school lesson? ___YES ___NO which days? _____

Do you have a request for a specific teacher? _____

**PLEASE RETURN ASAP TO RESERVE
YOUR SPOT IN PRIVATE LESSONS!**

McKinney Boyd Orchestra School-Owned Instrument Form

Student's Name _____

Terms and Conditions:

1. Parent or Guardian agrees to pay the maintenance fee when due. Payment schedules will be at the director's discretion. The fee amount is \$25 per semester (\$50 for the year).
2. Parent or Guardian and Student agree to take good care of the instrument and use it in a responsible manner and to pay all costs of repair if the instrument is deemed by the director as damaged in any way due to student action.
3. Parent or Guardian and Student agree not to remove or take the instrument out of the DFW metroplex without the written consent of the Director.
4. Parent or Guardian and Student shall be responsible for all loss and/or damage to the instrument and agrees to promptly pay McKinney Boyd High School the replacement cost of the instrument in the event of the loss, theft or damage beyond repair of the instrument. The replacement will be determined by the Director. McKinney ISD does not provide insurance for individually owned or school owned instruments.
5. Parent or Guardian may terminate this contract at any time by returning the instrument to the director in as good condition as it was at the beginning of this rental agreement.
6. Parent or Guardian agrees to pay all loss, damage, repossession expenses and other costs, fees and expenses including reasonable attorney's fee incurred by MISD in enforcing MISD's rights under this agreement.
7. If the Parent or Guardian or student wishes to terminate this contract (at any time), no refund will be given.
8. School owned instruments are to be used and not abused. School owned instruments must be kept in their locker and locked up when not in use.

I agree to abide by this contract and all obligations and commitments outlined within it.

Parent name (printed)

Parent Signature

Date

Description of instrument (circle):

Cello

Bass

Viola