To: Band Members, Color Guard, and Parents

From: Lake Braddock SS Band

Michael Luley – Band Director

MCLuley@fcps.edu

Patrick Smith - Associate Band Director

PLSmith1@fcps.edu

Subject: Marching Pre-Season Rehearsals – 2015

Forms and Fee DUE: June 11, 2015

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Dates: Monday, August 17th - Friday, August 21st - (8:00am - 4:00pm)

 All Color Guard, Percussion (this includes double reeds playing in the sideline/pit) section, and ALL SECTION LEADERS (These groups meet an extra week)

Thursday, August 20th - Friday, August 21st - (9:00am-12:00pm)

• FIRST YEAR OR NEW MARCHERS – This is absolutely REQUIRED!!

Monday, August 24th - Friday, September 4th (Monday - Friday, 8:00am - 4:00pm)

• Pre-Season Rehearsals for EVERYONE – This is absolutely REQUIRED!!

Tuesday, August 25th at 6:30PM

• **MEET THE DIRECTORS NIGHT** – Mandatory *NEW* parent meeting for information on the season, year, and question and answer period.

Cost: The cost of this year's Marching Band Materials Fee is \$110 and is non-refundable.

*This fee is due with the attached Marching Pre-Season Rehearsal forms and reserves a spot for each member on the field.

Due Date: Thursday, June 11, 2015

All completed 2015 Marching Pre-Season Rehearsal forms and the Marching Band Materials Fee for \$110 (Paid via CHARMS – Instructions included in packet), are due by **Thursday, June 11, 2015**.

Remember, mark your calendars now! It's going to be a great year!

Looking forward to seeing everyone in August!



Lake Braddock Band 2015-2016 Marching Band Calendar

All Students are required to be at all Pre-Season Rehearsals!

This schedule is subject to change

| | everyone |
|--------------------------------|---|
| 25 | Meet the Directors Night (6:30PM) |
| | Required Parent Meeting in the theater |
| 31-4 | Marching Pre-season Rehearsals for |
| | Everyone |
| | |
| <u>Septen</u> | <u>nber</u> |
| 1-4 | Marching Pre-season Rehearsals for |
| | Everyone |
| 4 | Parent/Faculty Preview Show (12PM) |
| 4 | Home Game vs Robert E Lee |
| 11 | Home Game vs Annandale |
| 12 | Tag Day (All Participate in this group |
| | fundraiser) |
| 18 | Away Game @ Robinson |
| 19 | Tag Day Rain Make Up Date |
| | |
| OR 19 | FCBDA Marching Band Workshop |
| | • , |
| | FCBDA Marching Band Workshop |
| OR 19 | FCBDA Marching Band Workshop @Robinson |
| OR 19 | FCBDA Marching Band Workshop @Robinson Marching Competition |
| OR 19 26 | FCBDA Marching Band Workshop @Robinson Marching Competition |
| OR 19 26 Octobe | FCBDA Marching Band Workshop @Robinson Marching Competition |
| OR 19 26 Octobe 2 | FCBDA Marching Band Workshop @Robinson Marching Competition Pr Home Game vs Centreville |
| OR 19 26 Octobe 2 | FCBDA Marching Band Workshop @Robinson Marching Competition Pr Home Game vs Centreville Symphonic Band Workshop |
| OR 19 26 Octobe 2 8-9 | FCBDA Marching Band Workshop @Robinson Marching Competition PT Home Game vs Centreville Symphonic Band Workshop @LBSS |
| OR 19 26 Octobe 2 8-9 | FCBDA Marching Band Workshop @Robinson Marching Competition Tr Home Game vs Centreville Symphonic Band Workshop @LBSS Marching Competition |
| OR 19 26 Octobe 2 8-9 | FCBDA Marching Band Workshop @Robinson Marching Competition Pr Home Game vs Centreville Symphonic Band Workshop @LBSS Marching Competition US NAVY BAND CONCERT |
| OR 19 26 Octobe 2 8-9 10 15 | FCBDA Marching Band Workshop @Robinson Marching Competition T Home Game vs Centreville Symphonic Band Workshop @LBSS Marching Competition US NAVY BAND CONCERT @LBSS 7:30PM |
| OR 19 26 Octobe 2 8-9 10 15 | FCBDA Marching Band Workshop @Robinson Marching Competition T Home Game vs Centreville Symphonic Band Workshop @LBSS Marching Competition US NAVY BAND CONCERT @LBSS 7:30PM Homecoming vs Woodson |
| OR 19 26 Octobe 2 8-9 10 15 | FCBDA Marching Band Workshop @Robinson Marching Competition Tr Home Game vs Centreville Symphonic Band Workshop @LBSS Marching Competition US NAVY BAND CONCERT @LBSS 7:30PM Homecoming vs Woodson Parade and Game |

Percussion (and double reeds playing in

sideline/pit), Guard, and Leadership
Marching Pre-season Rehearsals
20-21 First Year and New Marchers Rehearsals

Marching Pre-season Rehearsals for

<u>August</u> 17-21

24-28

November

| 6 | Senior Night vs South County |
|-------|---|
| 13 | 1 st Round Football Playoffs |
| 19-21 | VMEA Conference |
| 20 | 2 nd Round Playoffs (TBD) |
| 24 | Jazz/Trombone Choir Concert |
| 28 | 3 rd Round Playoffs (TBD) |

<u>December</u>

| 3 | Orchestra Concert |
|----|------------------------|
| 8 | MS Band Concert |
| 10 | HS Band Concert |

<u>January</u>

| 9 | District Band Auditions |
|---|------------------------------|
| 9 | Progressive Dinner |
| | (Marching Band Awards Night) |

PLEASE MARK YOUR CALENDARS NOW TO AVOID SCHEDULING CONFLICTS!

After School Rehearsals

Beginning September 8th

Tuesday, Wednesday, and Thursday

3:30-5PM each day

Percussion will meet Tuesday evenings from 7-9PM instead of during the day

Lake Braddock Secondary School

Marching Band and Color Guard Program

Finance Information and Policies

For School Year 2015-2016

FCPS will not charge students a fee for any mandatory aspect of the band except for musical instruments and course material fees which are permitted by Virginia Department of Education (VDOE) regulations. Schools cannot require a student to pay fees for course materials in excess of the amount approved by the School Board in Notice 5922, Revenue, Tuition, and Fees – Student Fees.

As a result of the agreement with FCPS, we have restructured the types and manner of payments collected. The new fee structure will be effective for the 2015-2016 school year.

Fee Structure

The fee structure includes required Course Materials Fees and FCPS sponsored optional Activity Fees. Required course materials fees cover consumable materials associated with a course and are a required element of that course.

Lake Braddock Marching Band (Including Color Guard)

Marching Band Course Materials Fee (\$110, due by June 11th): This fee is similar to required fees paid for certain other FCPS classes. It covers course materials related to the course. Examples of the consumable materials covered by this fee include: uniform purchases and maintenance, the drill book, music/choreography for the show, band t-shirt, instrument accessories, equipment repairs, and food during instructional activities. If fees collected exceed the costs incurred for all consumable materials, any excess fees will be set aside in an FCPS reserve account to fund future purchases of band uniforms.

Marching/Color Guard Uniform Accessories (Amount varies - due by August 31st): Certain uniform accessory items are required to be purchased separately by the students as needed. Orders for such items can be placed and paid for in Charms or ordered in the school's uniform closet. Examples of these items include marching band shoes, color guard shoes and gloves, marching band polo, and marching band performance shorts.

Marching/Color Guard Uniform Fee (\$50 - due by August 31st): This fee is for rental of the Marching Band and Color Guard Uniforms. \$35 goes towards rental, repairs, and retention for new uniforms. \$15 is for dry cleaning expenses.

Lake Braddock Concert Bands (Symphonic, Concert I, II, and III)

Concert Band Course Materials Fee (\$35 - due by October 1st): This fee is similar to required fees paid for certain other FCPS classes. It covers course materials related to the course. Examples of the consumable materials covered by this fee include: uniform purchases, maintenance and dry cleaning, music, and instrument accessories. If fees collected exceed the costs incurred for all consumable materials, any excess fees will be set aside in an FCPS reserve account to fund future purchases of band uniforms.

Concert Band Uniform Accessories (Amount varies - due by October 1st): Certain uniform accessory items are required to be purchased separately by the students as needed. While certain concert uniform components are provided (Tux, bow tie and cummerbund, skirts, and pearls), students are responsible for purchasing and maintaining their shirt or blouse (including stud buttons) and black dress shoes (Marching shoes for tuxedos). Orders for such items can be placed and paid for in Charms or ordered in the school's uniform closet.

<u>Trip Activity Fee (Actual cost and due date TBD):</u> This optional activity fee covers the cost of trips taken by the concert bands. All concert bands generally go on one overnight trip to perform in a competition during the spring. There have also been additional overnight trips in certain years. For example, the Symphonic Band travelled to the Bands of America National Concert Band Festival in Indianapolis, IN last year and performed at the VMEA Conference in Virginia Beach, VA in past years. While these overnight trips are not a required component of any course, most students generally choose to participate. Trip fees are determined and assessed based on the estimated costs of the trip (transportation, hotel, certain meals, entertainment, etc.). If fees collected exceed the actual cost of the trip, any excess fees will be refunded.

<u>Musical Instrument Rental Fee</u> (\$52 for percussionists, \$92 for wind players – Due October 1st): This required fee is applicable to students who play school-owned instruments and covers maintenance costs of those school-owned instruments.

Payment Policies

All payments are processed through Charms. Students and parents may login to their student account at any time to view fees and balances due. Payments may be made via credit card, checks, or cash as described below.

- Credit Card payments are made through Charms. After making your payment, please log back into Charms to ensure that your payment appears within your student account.
- Payments made by check should be placed in the lockbox within the band room. If paying by
 check, please make the check payable as instructed for the particular payment fee and write the
 name of the student and the name of the fee being paid in the memo line of the check. Please
 note that a fee will be assessed for any returned checks. Such fee will be the actual amount
 charged by the bank related to the returned check, not to exceed \$50.
- Paying by cash is discouraged. If paying by cash, please put the money in an envelope and write
 the name of the student and the name of the fee being paid (i.e. Little Johnny, Spring Trip Fee)
 and take the envelope to the Finance office in the front office of the school and give it to the
 Lake Braddock SS staff responsible for collecting such cash payments. A receipt will be given to
 you acknowledging the cash payment. NO CASH PAYMENTS SHOULD BE DEPOSITED INTO THE
 LOCKBOX IN THE BAND ROOM.

CHARMS

Students and parents must login into their student account in CHARMS to update their contact information and view/pay fees and balances due.

To log into your account

- 1) Go to www.charmsoffice.com
- 2) Select the login screen
- 3) Select parent/student login
- 4) Student/Parent Login: FCPSLakeBraddockSSBand
- 5) Password: Student ID #
- 6) Update User information
- 7) Update User name and password (Parent and Student need to know the password)
- 8) Visit Financial Tab to pay using credit card through School Pay

Refunds

Typically fees paid are non-refundable once commitments and underlying purchases have been made. These refund policies will be communicated separately as they relate to individual activities.

Financial Assistance

Financial Assistance is available for those in need of such assistance. Requests for financial assistance should be made directly to the Band Director **prior to the due date for the related fee.**

Lake Braddock Band Bruin Marching Band Participation Commitment Form 2015

All members of the Bruin Marching Band are expected to adhere to the following statements:

- ❖ I understand that I must abide by all rules and regulations set forth by Fairfax County Public Schools and Lake Braddock Secondary School during all Bruin Marching Band activities and events.
- I commit to attending every rehearsal and performance for the full duration of the season. Special conflicts with the calendar will be brought to Mr. Luley's or Mr. Smith's attention as early as possible. I will avoid scheduling vacations, doctor appointments, tutoring, etc. during the scheduled calendar of rehearsals and events, particularly in August.
- ❖ I will be punctual for all call times, rehearsals, and performances. I will be in place and prepared to work at the time instructed.
- I understand that for the ensemble to be successful we need 100% commitment from each member.
- I understand that individual absence or tardiness negatively impacts the learning and experience of every other member in the ensemble.
- I will effectively carry out any out-of-rehearsal preparation/practice needed in order to keep up with assignments and hasten the progress of the entire ensemble.
- I agree to bring a positive and cooperative attitude to each rehearsal and performance.
- ❖ I understand the Bruin Marching Band is drug, alcohol, and tobacco free. Failure to comply with this policy will result in disciplinary action, which can lead to removal from the ensemble, referral to the administration and appropriate authorities, and possible expulsion from school as permitted by the Student Rights and Responsibilities Regulation.
- ❖ I will strive for academic excellence in all of my classes and effectively manage my time to balance all commitments.
- ❖ I understand that I am responsible for any fees required by FCPS with my enrollment in the marching band program and as explained in the attached documents. My deposit to participate is included with this form and I understand that it may be non-refundable.
- I understand that I represent the Lake Braddock Marching Band both on and off the field. I will exhibit good sportsmanship and dignity. I understand that my actions reflect not only on myself but also on the entire group. I agree to represent the band in a positive and responsible manner throughout the school and community.
- ❖ I will respect the property of others and the school. I will never abuse nor tolerate the abuse of someone else's property.
- ❖ I will comply and cooperate with any instructions given by a staff member, parent volunteer, or student leader. I will also cooperate at all times with my fellow band members.
- ❖ I will be a reliable member of this ensemble. I will not let my colleagues down.
- ❖ I agree to have fun, cherish the memories, work hard, and never give up.

Participation Commitment Form

I have read and fully understand the Lake Braddock Band Bruin Marching Band Participation Commitment Form 2015 and agree with the content. This is my commitment to participate. I am prepared to be an active and productive member of the Bruin Marching Band. I understand that my participation may be in jeopardy if these expectations are not met. I am aware that my place in the show is specifically written to include me based on this commitment and my lack of participation from here on out will negatively impact all of the other students' ability to achieve their best. Student Printed Name Student's Signature Date I understand and support the commitment my student has made to the Bruin Marching Band. I understand that this includes a responsibility on my part to help them succeed in following through with this commitment. I understand the financial and calendar obligations that are represented by this commitment. Parent/Legal Guardian Printed Name Parent/Legal Guardian Signature Date

Financial Assistance:

NO STUDENT IN THE BRUIN BAND WILL EVER BE PROHIBITED FROM PARTICIPATING BECAUSE OF FINANCIAL DIFFICULTIES!

Contact Mr. Luley via email at mcluley@fcps.edu regarding Financial Aid if you are in need of some assistance.

This form must be completed with signatures and the \$110 Course Material Fee is due by Thursday, June 11, 2015!

Form and payment should be submitted one of two ways:

- 1. Put in the secured box in the HS band room labeled "Purple Box"
- 2. Mailed to Michael Luley at Lake Braddock SS 9200 Burke Lake Road, Burke, VA 22015

Payment for this deposit should be made by CHECK payable to **Lake Braddock SS**Or by CREDIT CARD on Charms <u>www.charmsoffice.com</u>

MARCHING PRE-SEASON REHEARSALS REGISTRATION and BOOSTER DIRECTORY FORM

Due Friday June 11, 2015

*Please print very clearly in black ink, as it will be photocopied!

Please don't forget to login to www.Charmsoffice.com to update student and contact information, as well as visit the finance section for the School Pay option to pay fees by credit card.

| Name | | | |
|--|---|---|--------------------------------|
| (as you wish it to be printed in directory) | LAST | FIRST (Given) | Nickname |
| Address | | | |
| City | | Zip | Code |
| Home phone # | | Gra | de 2015-2016 |
| Student cell # | | | |
| Instrument you will be | e playing in Marchi | ng Band | |
| Instrument you will be | e playing in Concert | t (indoor) band | |
| | | M | 1 |
| Band Rehearsal T | $\Gamma	ext{-Shirt}$ - these a | ire Men's sizes (Piease circ | ie one): S W L AL A |
| Band Rehearsal | Γ-Shirt - these ε | ire Men's sizes (Please circ | ie one): S M L AL A |
| | | s (Please circle one): XS | , |
| Band Polo - these | e are Men's size | ` | S M L XL XXL |
| Band Polo - these | e are Men's size ame size as you | s (Please circle one): XS | S M L XL XXL |
| White Shorts - Sa | e are Men's size ame size as you | s (Please circle one): XS | S M L XL XXL |
| Band Polo - these White Shorts - Sa PARENTS' or GUARE | e are Men's size ame size as you | s (Please circle one): XS | S M L XL XXL |
| Band Polo - these White Shorts - Sa PARENTS' or GUARE FATHER'S NAME (as you wish it to be | e are Men's size | s (Please circle one): XS or PE shorts (Please circle one): | S M L XL XXL ne): S M L XL XXL |
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PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK FOR FIELD TRIP

(This form and an attached field trip description are required for all field trips.)

IMPORTANT DIRECTIONS: (1) Use one form per trip, (2) Complete the school portion (top half) of form, (3) Duplicate one form per student, and (4) Send a copy home for parent and student signatures.

| Date(s) of Trip Marching Band Trips and F | Performances | Destination | |
|---|--|--|---|
| Purpose | | | |
| SUPERVISION (Check one | s, football games, pep band perfor | mances, and other marching r | elated events |
| | supervised by adults on this trip at a | II times | |
| Students will be directly | supervised by adults on this trip with | the following exceptions | |
| . | | | |
| TRANSPORTATION BE | ING PROVIDED (Check all that appl | y.) | |
| ☐ Walking | School Bus | Commercial Carrier | Personal Vehicle |
| Leased Vehicle | County Vehicle | None | |
| | OR LEASED VEHICLES (Check a | | Elou III |
| Student VEHICLE TYPE (Charles | Parent | Teacher or Staff Member | Other Adult |
| VEHICLE TYPE (Check a | T Van (10 passenger or less) | □suv | Other |
| | (10 hmganga or 1000) | | (Specify) |
| RISK RELATED (Check a | ll that apply.) | | |
| Swimming Pool | Amusement or Theme Park | Beach or Ocean | Other (List activity) |
| | | | |
| STOCK EPINEPHRINE (| Check one) Will be available on t | his trip <u>Will not</u> be available | e on this trip |
| STOCK EPINEPHRINE (| | | e on this trip |
| While participating in this fi | Pupil A | greement | e on this trip appearance, and I will follow directions |
| | Pupil A | greement | |
| While participating in this fi | Pupil A | greement or maintaining good conduct and | |
| While participating in this fi at all times. Signature of Student | Pupil A | greement or maintaining good conduct and | appearance, and I will follow directions Date |
| While participating in this fi at all times. Signature of Student PA I understand that participation | Pupil A Pupil | greement or maintaining good conduct and I D ACKNOWLEDGEMENT O is not required, and that it expos | appearance, and I will follow directions Date FRISKS es my child to some risk(s). I also |
| While participating in this fi at all times. Signature of Student PA I understand that participatic understand that the trip may risk of injury or even death. | Pupil A relative to the control of t | greement or maintaining good conduct and I D ACKNOWLEDGEMENT O is not required, and that it expose t participation in any amusement iption of the field trip (attached) | appearance, and I will follow directions Date FRISKS es my child to some risk(s). I also activities will expose my child to some and authorize my child to participate in the |
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IMPORTANT NOTICE Fairfax County Public Schools (FCPS) cannot be responsible for reimbursements to parents or students of money submitted as advance payment (e.g., for Broadway shows, transportation, or hotels) for any field trip that FCPS cancels. It is strongly recommended that you personally review any tour company's or commercial carrier's contract, including its stated refund policies, BEFORE your child signs up or pays for the trip.



EMERGENCY CARE INFORMATION
In case of an emergency, the school staff will contact 911.
attempt will be made to contact a parent, a guardian, or a designated emergency contact.

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| Lake Braddock Secondary School | | l мі | chael Luley | , | | | |
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| Student has medical alert information on file. S | | | | | | | |
| | ARENT/GUAR | | | | | | |
| This form is to be completed by the enrolling pa | rent. The enrolling | g parent is the nat | ural or adoptive | parent or lega | al guardian | with whom th | ie student |
| lives the preponderance of the school week and | | student in school. | | | | | |
| Enrolling Parent Last: | First: | | Mido | lle: | Ì | Telephone | |
| İ | | | | | Home: | | |
| Number: Street: | | | Apt. | 4 ; | | | |
| | | | • | | Work: | | |
| City | | Otata: | 71 | | 710/18. | | |
| City: | | State: | Ziρ: | | | | |
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| Mother Father Legal Guardian | Resides with | | | ĺ | | | |
| Foster Parent Self | <u></u> | | | | | | |
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| Other Parent Last: | First: | | Midd | le: | | Telephone | |
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| Other Parent Last: | First: | | Midd | le: | | Telephone | |
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| Number: Street: | | | | - | | | |
| Number: Street: | | | • | | | | |
| | | | | | Work: | | |
| Number: Street: City: | | State: | Zip: | | Work: | | |
| | | State: | | | Work: | | |
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| City: | Resides with | | | E-mail: | | | |
| City: | Resides with | | | | | Telephone | |
| City: Relationship: | | | Zip: | | Cell: | Telephone | |
| City: Relationship: Other Parent Last: | | | Zip: Midd | e: | | Telephone | |
| City: Relationship: | | | Zip: | e: | Cell: | Telephone | |
| City: Relationship: Other Parent Last: | | | Zip: Middi Apt.# | e: | Cell: | Telephone | |
| City: Relationship: Other Parent Last: | | | Zip: Midd | e: | Cell: | Telephone | |
| City: Relationship: Other Parent Last: Number: Street: | | Language: | Zip: Middi Apt.# | e: | Cell: | Telephone | |
| City: Relationship: Other Parent Last: Number: Street: City: | | Language: State: | Zip: Middi Apt.# | e: : | Cell: | Telephone | |
| City: Relationship: Other Parent Last: Number: Street: | | Language: | Zip: Middi Apt.# | e: | Cell: | Telephone | · |
| City: Relationship: Other Parent Last: Number: Street: City: | First | Language: State: | Zip: Middi Apt.# | e: : | Cell: | Telephone | |
| City: Relationship: Other Parent Last: Number: Street: City: | First: | Language: State: | Zip: Midd: Apt.# Zip: | e: : | Cell: | Telephone | |
| City: Relationship: Other Parent Last: Number: Street: City: Relationship: | First: | State: Language: | Zip: Midd Apt.# Zip: | e: : E-mail: | Cell: Home: Work: Cell: | | also have |
| City: Relationship: Other Parent Last: Number: Street: City: Relationship: Please list at least two people we may call if the | First: Resides with OTHER Corporation or guarant (s) or guarant (s) | State: Language: ONTACT INFO | Zip: Midd Apt.# Zip: | e: : E-mail: | Cell: Home: Work: Cell: | | also have |
| City: Relationship: Other Parent Last: Number: Street: City: Relationship: Please list at least two people we may call if the your permission to pick your child up from scho | First: Resides with OTHER Comparent(s) or guarant during the school | State: Language: Language: ONTACT INFO | Zip: Midd: Apt.# Zip: DRMATION reached in the | e: : E-mail: | Home: Work: Cell: | hese people | also have |
| City: Relationship: Other Parent Last: Number: Street: City: Relationship: Please list at least two people we may call if the | First: Resides with OTHER Corporation or guarant (s) or guarant (s) | State: Language: Language: ONTACT INFO | Zip: Midd Apt.# Zip: | e: : E-mail: | Home: Work: Cell: | | also have |
| City: Relationship: Other Parent Last: Number: Street: City: Relationship: Please list at least two people we may call if the your permission to pick your chilld up from scho | First: Resides with OTHER Comparent(s) or guarant during the school | State: Language: Language: ONTACT INFO | Zip: Midd: Apt.# Zip: DRMATION reached in the | e: : E-mail: | Home: Work: Cell: | hese people | also have |
| City: Relationship: Other Parent Last: Number: Street: City: Relationship: Please list at least two people we may call if the your permission to pick your chilld up from scho | First: Resides with OTHER Comparent(s) or guarant during the school | State: Language: Language: ONTACT INFO | Zip: Midd: Apt.# Zip: DRMATION reached in the | e: : E-mail: | Home: Work: Cell: | hese people | also have |
| City: Relationship: Other Parent Last: Number: Street: City: Relationship: Please list at least two people we may call if the your permission to pick your child up from scho | First: Resides with OTHER Comparent(s) or guarant during the school | State: Language: Language: ONTACT INFO | Zip: Midd: Apt.# Zip: DRMATION reached in the | e: : E-mail: | Home: Work: Cell: | hese people | also have |
| City: Relationship: Other Parent Last: Number: Street: City: Relationship: Please list at least two people we may call if the your permission to pick your child up from scho | First: Resides with OTHER Comparent(s) or guarant during the school | State: Language: Language: ONTACT INFO | Zip: Midd: Apt.# Zip: DRMATION reached in the | e: : E-mail: | Home: Work: Cell: | hese people | also have |

* Please remember to sign page 2.



EMERGENCY CARE INFORMATION
In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

| · ···· | | STUDENT | INFORMATION | | | | | |
|--|---|--|---|---|-----------|----------|----------|------------|
| Last: | First: | | Middle: | Date of Birth: | Geno | | Grad | e: |
| School Name: | | I ID No.: | Tanaharan | | | l □ F | <u>L</u> | · |
| Lake Braddock Secon | ndowr Coboot | ID NO | Teacher or Cou | | | Bus# | (AM): | Bus # (PN |
| Siblings attending the same so | | icable) | Michael Lu | • | | | | 11 |
| | | • | ĺ | ss available in your i | nome to | r your c | niia/cn | ilaren? |
| Name(s): | | | | Declined | | | | |
| | | CHRRENT HE | ALTH CONDITIO | Ne | | | | |
| Below check any current health cor | idition that may require a | ttention during the sch | ool day. Also complete a | and submit Health Info | armation | form 88 | 2/SE 74 | 16 |
| your child has health conditions | that require attention d | uring the school day. | See below for medica | l alert information cui | rrently o | n file. |),QE-/ 1 | 14 |
| allergies (be specific) | | | ☐ hemophí | lia 🔲 sickle d | cell ane | mia | | |
| foods | | | Dhysical | disability (be specif | ic) | | | |
| medicines | | | | | | | | |
| bee sting or insect | bite | | respirato | ry (be specific) | | | | |
| | | | | , | | | | |
| asthma | | | seizures | | | | | |
| ancer cancer | | | ☐ vision pro | blems (be specific) | <u> </u> | | | |
| diabetes | | | ☐ glass | | | | | |
| hearing problems | hearing aid(s) | | other (be | _ | | | | |
| heart problems (be specifi | | | <u> </u> | • | | | | |
| List all medications and do | sages your child recei | ives on a continual t | pasis: | | | | | |
| List all medications and do | | | | N FILE | | | | |
| | | DICAL ALERT II | NFORMATION O | | | | | |
| | MED | DICAL ALERT II | NFORMATION O | | | | | |
| | MED | DICAL ALERT II | NFORMATION O | | | | | |
| | MED | DICAL ALERT II e reserved for sys | NFORMATION O | | | | | |
| | MED This space | PHYSICIAN | NFORMATION OF Heat INFORMATION | | | | | |
| | MED This space | e reserved for sys PHYSICIAN (name of de | NFORMATION OF Hea | | | (telept | ione) | |
| My child's medical care is p | MED This space | e reserved for sys PHYSICIAN (name of de | NFORMATION OF Heat INFORMATION | | | (telep) | lone) | |
| My child's medical care is p | MED This space rovided by: insurance? ☐ Yes provided by: | PHYSICIAN (name of do | NFORMATION OF Heat INFORMATION | elth Information | | | | |
| My child's medical care is p | This space This space Trovided by: In insurance? Yes Provided by: (he It will be provided to st | PHYSICIAN (name of do | INFORMATION OF Head INFORMATION Dector, clinic, or HMO) | Ith Information | | (teleph | ione) | dance with |
| My child's medical care is p Does your child have health If yes, medical coverage is taid and emergency treatmen | This space This space Trovided by: In insurance? Yes Provided by: (he It will be provided to st | PHYSICIAN (name of do | INFORMATION OF Head INFORMATION Dector, clinic, or HMO) | Ith Information | | (teleph | ione) | dance with |