

Welcome

to LSE Choral Music for the 2017-2018 School Year!

We are excited about another year of music-making at Lincoln Southeast! Attached are several forms which are critical for the daily operations of the classroom and for performance experiences. These include items which help our program run more smoothly in addition to forms which are required by the District.

Please read the online Choral Handbook, Code of Conduct and Consent Form located at www.lsechoir.org, then fill out and return the following items to the music department by **Tuesday, September 5:**

- Signature Form (*required*)
- Emergency Information Report (*required*)
- Student Travel Form (*required*)
- Booster Information and Support Form
- Check (*if including voluntary support for Choral Boosters.*)
- Parent Guidelines for Driving on Field Trips (*required only for those who plan to drive students.*)
- LPS Parent and Student Consent Record (*required only if not already turned in for other LSE sport or activity.*)

We know that we are asking you to deal with a lot of paperwork and we are extremely grateful that you are taking the time to carefully read and fill out the materials. The time you are investing helps ensure that our singers are safe and supported in our choral music program. We look forward to working with you and your students this year!

~ Mrs. Noonan and Mr. Rickert

SIGNATURE FORM

Return to
school by
Sep. 5th

- ◆ We have read and understand the policies and procedures outlined in the:
 - ◆ Southeast Choral Handbook at www.lsechoir.org/paperwork/handbook.pdf
 - ◆ Extracurricular Code of Conduct at www.lsechoir.org/paperwork/conduct.pdf
 - ◆ Parents' Consent Form for Participation in Activities at www.lsechoir.org/paperwork/consent.pdf
- ◆ We have bookmarked the Choral Handbook for future reference.
- ◆ We understand that the student's grade in the choir class is affected by adherence to the policies in the Choral Handbook.
- ◆ We have marked our calendars with concert dates.

Student

Date

Parent/Guardian

Date

EMERGENCY INFORMATION REPORT

Return to
school by
Sep. 5th

Please Print

Lincoln Public Schools EMERGENCY INFORMATION REPORT Lincoln, Nebraska

Student ID # _____

Name _____ Address _____ Zip _____

Date of Birth ____/____/____ Male Female Grade _____ Student Cell # _____

Activities in which you intend to participate:

	Fall	Winter	Spring
Athletics:	CC FB GGO SB BTEN VB	BB SW WR	BASE BGO SOC GTEN TR
Activities:	Speech Debate Instrumental Music	Vocal Music Journalism	Play Production
Unified:	Bowling Other _____		

Father/Guardian _____

Home Address _____ Phone _____

Business Address _____ Phone _____

Email Address _____ Cell Phone _____

Mother/Guardian _____

Home Address _____ Phone _____

Business Address _____ Phone _____

Email Address _____ Cell Phone _____

Name of person other than the above to contact _____

Relationship _____ Address _____ Phone _____

Cell Phone _____

Family Physician _____ Address _____ Phone _____

Health Insurance Yes No Company _____ Policy Number _____

Do you regularly take any medications? _____ If yes, which ones? _____

List any allergies or special conditions you may have _____

Do you wear glasses or contacts? _____ If yes, which? _____

Concussion/Head Injury? _____ If yes, how many and date of last occurrence _____

Record of illness (check those that have occurred)

- | | | |
|---|---|--|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Skin Disease | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> History of Seizures |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Allergy Anaphylaxis |
| <input type="checkbox"/> Bone and Joint Disease | <input type="checkbox"/> Other _____ | To: _____ |

Record any serious injuries or operations.

The Activity Sponsor, Athletic Trainer, Team Physician, and/or Coach will apply first aid treatment until the family doctor can be contacted.

We give our permission for these individuals to use their own judgment in securing medical aid and ambulance service in case the parents/guardian cannot be reached.

Parent/Guardian Signature _____ Date _____

STUDENT TRAVEL FORM



Lincoln Public Schools STUDENT TRAVEL FORM Lincoln, Nebraska

As a parent/guardian, I give permission for my child to participate in the activity noted below. I understand that this is an off school premises activity and that Lincoln Public Schools staff will be supervising the activity. I understand that transportation will be provided by the means noted below and give permission for my child to travel in this manner and/or drive themselves or others. In addition I give permission for the person noted under Emergency Medical Authorization to act on my behalf should emergency medical care become necessary. I understand the potential risk my child may face in the trip and the method of transportation for the trip.

Student Name: _____ School: _____

Activity: _____ Date: _____

Emergency Medical Authorization to: _____

(Name of LPS staff) _____

TYPE OF TRAVEL (Mark applicable box)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Walking | <input type="checkbox"/> School Bus | <input type="checkbox"/> Commercial Carrier | <input type="checkbox"/> Personal Vehicle |
| <input type="checkbox"/> Leased Vehicle | <input type="checkbox"/> Student Driving Self | <input type="checkbox"/> Parent | <input type="checkbox"/> Staff Member |
| <input type="checkbox"/> Other Adult | <input type="checkbox"/> Student Driving others | <input type="checkbox"/> Other _____ | |

My signature acknowledges that I understand the type of transportation and/or give permission for my student to drive themselves or others on this trip. All transportation involving personal vehicles requires a copy of the drivers license and owner of the vehicle insurance information. If not LPS provided transportation, liability rests with the owner of the personal vehicle or commercial carrier.

Parent/Guardian Signature _____ Date _____

For LPS Use Only

Date Received by School _____

Insurance Information Received _____

Name of LPS person who reviewed insurance information _____

BOOSTER INFORMATION AND SUPPORT FORM

Return to school by Sep. 5th

The LSE Choral Boosters help connect parents to the Choral Music program. By providing information below, parents can be informed & involved and can provide volunteer & financial support.

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name #1 _____

Parent #1 would like to be contacted about: volunteer opportunities announcements and reminders

Email _____ Text _____

Parent/Guardian Name #2 _____

Parent #2 would like to be contacted about: volunteer opportunities announcements and reminders

Email _____ Text _____

SINGER INFORMATION

Singer Name _____ Grade _____

Group(s) circle all that apply

Ars Nova	Bel Canto	Court Choir	Countesses & Noblemen
Black & Gold	Knight Sounds	Singing Knights (Gr. 9)	Queen's Court

Singer Name _____ Grade _____

Group(s) circle all that apply

Ars Nova	Bel Canto	Court Choir	Countesses & Noblemen
Black & Gold	Knight Sounds	Singing Knights (Gr. 9)	Queen's Court

Additional singers? Please list on other side.

VOLUNTARY SUPPORT FEE

Please consider what you could give to enrich the experience for our LSE singers. Names of supporters will be listed in programs throughout the year but the listings will NOT include a specific donation amount.

Dreaming — \$100

Growing — \$50

Maintaining — \$25

Helping — \$10

Other — choose any amount that works for your family

Total Support = \$ _____

Outfit Assistance Fund: Donations are used to anonymously help other LSE singers pay for their choir outfits

Outfit Assistance = \$ _____

TOTAL of above amounts = \$ _____

Please return this sheet and check payable to "LSE Choral Boosters" to the music teachers by September 5th.

Return to school by Sep. 5th
Required only for those who plan to drive

Lincoln Public Schools

GUIDELINES AND CERTIFICATION FOR PARENTS/STAFF DRIVING PRIVATE VEHICLES ON FIELD TRIPS

When personal vehicles are used to transport students for field trips or other activities, the principal should do the following:

1. Verify that the person driving has vehicle insurance – ask to see the insurance card required by State Law to be carried in each vehicle. If the driver is not the owner of the vehicle, verify that the owner has given permission for the use of the vehicle.
2. Verify the number of seat belts and that the seat belts are functioning. Do not allow more students to ride than the number of functioning seat belts. **REQUIRE SEAT BELTS TO BE WORN WHEN IN THE VEHICLE.**

If students to be transported fall into the category that requires a car seat/booster seat, verify that appropriate equipment is available for use and used. All children up to age 6 riding in any motor vehicle must ride correctly secured in an appropriate child restraint system that meets Federal Motor Vehicle Safety Standards (FMVSS 213). This means that the child restraint systems must be appropriate for the child's size, age and weight.

1. Do not allow students to ride in the front seat of the vehicle if the vehicle is equipped with a passenger side air bag.
2. Verify that all students have parent permission for travel in personal vehicle form on file.
3. Verify the driver of the personal vehicle understands the liability they are assuming should they be involved in a motor vehicle accident.

The person driving needs to complete and sign the following:

Name: _____ Driver License No. _____

I certify the following is true and accurate:

_____ My driver's license is subject to any restrictions. If yes, list the restriction.

_____ I will abide by all rules of the road and any applicable rules of the Nebraska Department of Education and the District relating to driving a motor vehicle. (See attached Department of Education information on emergencies).

_____ I will not use my cell phone (hand held or blue tooth) while driving.

_____ I certify that I am of good moral character and will not engage in conduct or use language inappropriate for children.

_____ I certify that I have a satisfactory driving record without any suspension, revocation, withdrawal or expiration of my license; any ticket or accident which could result in suspension, revocation, withdrawal or my license; or any circumstance which may result in any responses on this form not continuing to be completely accurate or which may indicate that I should not be driving and/or transporting students.

Signature: _____ Date: _____

PARENT & STUDENT CONSENT RECORD

Return to school
by Sep. 5th

Rev. April 2016

LINCOLN PUBLIC SCHOOLS Parent and Student Consent Record

School Year: 20____ - 20____ Student ID: _____ Name of Student: _____
School: _____ Grade: _____ Date of Birth: _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

- (1) understand and agree that participation in Lincoln Public Schools NSAA-sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) understand and agree that by this Consent Form, (a) Lincoln Public Schools has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; and, (d) even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;
- (3) acknowledge that Parents are obligated to pay for professional medical and/or related services; the school shall not be liable for payment of such services. We give permission to any and all of the Student's health care providers and Lincoln Public Schools and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency;
- (4) consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA-sponsored activities, and the activities rules of the Lincoln Public School for which the Student is participating;
- (5) consent and agree to (a) the disclosure by the school at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA-sponsored activities, medical records, and any other information related to the Student's participation in NSAA-sponsored activities; (b) release of academic information including grade point average, class rank, and any academic awards/recognition received by the Student for the purpose of recognizing excellence in both athletics and academics. Most typically this information will be used by newspapers, school publications, for awards banquets or assemblies, and for all-conference and all-state awards; (c) the Student being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings; and,
- (6) understand that activities may be conducted at a location other than the Student's school of attendance. The school and district will not provide in-town transportation between the school of attendance and the site of the extra-curricular activity and understand that transportation to the site of the activity is the responsibility of the Student and/or Parent, and may involve transportation by a private vehicle driven by others.

Having read the warning in paragraph (2) above and understanding the potential risk of injury, we hereby give permission for Student to practice and compete for the above named high school in activities approved by the NSAA, *except those crossed out below*:

Baseball	Golf	Tennis	Debate
Basketball	Soccer	Track	Journalism
Cross Country	Swimming/Diving	Volleyball	Play Production
Football	Softball	Wrestling	Speech
Unified Bowling		Vocal Music	Instrumental Music

We acknowledge that we have read paragraphs (1) through (6) above, and the Parent Consent Information for Participation in Activities, the Code of Conduct, Student School Expectations, and concussion information and understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

DATED this _____ day of _____, _____

Student Name (Print Name)

Parent Name (Print Name)

Student Signature

Parent Signature