Please find the following forms enclosed in this packet:

To be returned/completed by **Friday, August 30th**:  
- **Text Messaging and Survey** – Every student must complete the survey and everyone is invited to sign up for the appropriate class text messages for concert reminders, etc.
- **Acknowledgement Form** (from the back of the Orchestra Handbook) – Please read, sign and return.
- **Student Transportation Consent Form** – We will be involved in various activities throughout the year involving district transportation. I have pre-checked the necessary bus/suburban/rental van box. If you would like your student to be able to have other transportation options, please check them. Please read, sign and return.
- **Substance Abuse Agreement** – The district has a strict policy concerning alcohol and substance abuse; especially for students participating in activities. Please read front and back, sign and return.
- **Uniform and Equipment Maintenance Agreement** – Please check all equipment that applies, review maintenance expectations, then sign and return.
- **Orchestra Financial Obligations** – Please read, sign and return. Outstanding balances will be reflected in your student orchestra account on CharmsOffice.com.
- **Orchestra Donations** – Optional but greatly appreciated. Please help support the orchestra above and beyond the basic obligations.
- **Consent & Medical Authorization** – Please read front and back, sign and return.

If you have any questions, please contact us:

**Michael Hanf**  
Director of Orchestras  
Olathe East High School  
mjhanf@olatheschools.org  
(913) 780-7120

**Daniel Lytle**  
Assistant Director of Orchestras  
Olathe East High School  
dslytle@olatheschools.org  
(913) 780-7120
Text Messaging and Survey

Chamber Orchestra texts:
Text @oechamber to the number 81010
OR visit remind.com/join/oechamber

Concert Orchestra texts:
Text @oeconzert to the number 81010
OR visit remind.com/join/oeconzert

Freshman Orchestra texts:
Text @oefreshman to the number 81010
OR visit remind.com/join/oefreshman

Orchestra Survey:
Scan the QR code or visit https://tinyurl.com/ycoujfzl to take the survey. EVERY student MUST take this survey. Thank you!

![QR Code]
Acknowledgement Form

PLEASE SIGN, DETACH, AND RETURN THE BOTTOM PORTION OF THIS PAGE TO MR. HANF or MR. LYTHE BY FRIDAY, August 30th.

I have read and understand all policies contained within the OEHS Orchestra Handbook/Syllabus. I also plan to participate in all required events already scheduled on the orchestra calendar.

Print Student Name

Print Student Name

Date

Parent Signature

Date

Student Activities Information

Besides orchestra, I am involved in or plan to participate in (circle all that apply):

Drama/Theater
Vocal Music
Debate/Forensics
Robotics

SPORTS:

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross Country</td>
<td>Bowling</td>
<td>Track</td>
</tr>
<tr>
<td>Boys Soccer</td>
<td>Basketball</td>
<td>Boys Tennis</td>
</tr>
<tr>
<td>Football</td>
<td>Boys Swimming</td>
<td>Boys Golf</td>
</tr>
<tr>
<td>Girls Golf</td>
<td>Wrestling</td>
<td>Baseball</td>
</tr>
<tr>
<td>Girls Tennis</td>
<td></td>
<td>Girls Soccer</td>
</tr>
<tr>
<td>Gymnastics</td>
<td></td>
<td>Girls Swimming</td>
</tr>
<tr>
<td>Volleyball</td>
<td></td>
<td>Softball</td>
</tr>
</tbody>
</table>

Other: ________________________________

I work after school / weekends at: ________________________________
STUDENT TRANSPORTATION CONSENT FORM
2019-20

STUDENT TRANSPORTATION CONSENT AND RELEASE

There are times during the school year when activities, events and practices will be held away from the school. Olathe Public Schools provides transportation, but there are times when students can benefit from other transportation options. Please review the transportation options listed below, check any that are acceptable for your student, sign the form and have your student return the form to the appropriate teacher/sponsor/coach.

I/We hereby give my/our student, ________________________________ Print Full Name

permission to: (Please check all appropriate spaces)

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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</tbody>
</table>

ride to and from activities, events and practices on school authorized vehicles,

ride with his/her parent,

ride with an adult licensed driver,

ride with a sibling who is at least 16 years of age and a licensed driver,

ride with another participant who is a licensed driver and at least 16 years of age, or

my student is at least 16 years of age, is a licensed driver, and can drive himself/herself.

I/we understand that Olathe Public Schools employees cannot supervise activity participants except when they travel to and from events and practices on school authorized vehicles. For valuable consideration, the receipt of which is hereby acknowledged, I/we knowingly and voluntarily release and forever discharge Olathe Public Schools USD #233 and the members of its Board of Education, its employees and agents from any and all liability, actions, lawsuits, claims, demands and expenses resulting, directly or indirectly, from loss of life, personal injuries, property damage, or other damage suffered by my/our student while traveling to or from activities, events or practices by transportation other than a school authorized vehicle.

Parent/Guardian Signature __________________________ Date __________________________

Student Signature __________________________ Date __________________________

Parents have responsibility to ensure their student uses the mode of transportation authorized by the parent. This Consent Form may be revoked or modified in writing at any time.

Updated 07/18/2019
Olathe Public Schools USD # 233
Implementation Procedures and Minimum Consequences
Athletic/Activity (Co-Curricular and Extra Curricular) Procedure Concerning Substance Abuse

First Offense:
After confirmation by school officials of the first violation, the student will be placed on initial probation from his/her athletic team, co-curricular or extra-curricular activity.

- For athletics, the period of initial probation shall be for not less the 14 calendar days. The student will not be allowed to compete within the 14-day probation period and will be required to miss a minimum of one competition. The student will also be required to attend a substance abuse program. However, if the student shows proof of enrollment and attendance in an approved substance abuse program, the student may be allowed to attend practice sessions with the approval by the coach and school administration.

- For non-athletic, co-curricular or extra-curricular activities, the period of initial probation and severity shall be determined by the activity sponsor and school administration. The length of probation will be based upon the duration of the activity in which the student is participating and the nature and frequency of the scheduled upcoming performances or activities. An attempt will be made to assign disciplinary consequences in a timely manner. The student will also be required to attend a substance abuse program. However, if the student shows proof of enrollment and attendance in an approved substance abuse program, the student may be allowed to attend practice sessions or meetings with approval by the sponsor and school administration. In regard to in-class participation for those students in co-curricular activity classes (i.e. band, vocal music, cheerleading, drill-team, etc.) this policy is not intended to have an effect on a student’s grade for the course.

Second Offense:
After confirmation by school officials of a second violation (less than 365 days of the first offense for the student regardless of activity/season), the student will be placed on a final probation from his/her athletic team, extra/co-curricular activity.

- For athletics, the period of final probation shall be for not less than 28 calendar days. The student will not be allowed to compete within the 28-day probation period and will be required to miss a minimum of 3 competitions. The student will also be required to enroll in an intervention program for substance abuse, which is approved by the school administration. The student will be required to show proof of participation in the substance abuse program.

- For non-athletic co-curricular or extra-curricular activities, the period of final probation and severity shall be determined by the activity sponsor and school administration. The length of probation will be based upon the duration of the activity in which the student is participating and the nature and frequency of scheduled upcoming performances or activities.

In all cases, the consequences assigned shall be greater than the consequences for the first offense. An attempt will be made to assign disciplinary consequences in a timely manner. The student will also be required to enroll in an intervention program for substance abuse, which is approved by the school administration. The student will be required to show proof of participation in the substance abuse program. In regard to in-class participation for those students in co-curricular activity classes (i.e. band, vocal music, cheerleading, drill-team, etc.) this policy in not intended to have an effect on a student’s grade for the course.

Third Offense:
After confirmation of a third violation by school officials, the student shall be suspended from all on his/her athletic or extra/co-curricular activity for 365 days. Prior to participation in any athletic or extra/co-curricular activities the subsequent year, the student must have enrolled in a substance abuse program administered by licensed drug/alcohol agency. The agency must verify adherence by the student to the recommended care program.

Notification Statement of Non-discrimination: The Olathe Public Schools prohibit discrimination on the basis of race, color, national origin, sex, age, religion or disability in its programs, activities or employment, and provides equal access to the Boy Scouts and other designated youth groups to its facilities as required by: Title IX of the Education Amendments of 1972, Title VI and Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973 and other relevant state and federal laws. Inquiries regarding compliance with applicable civil rights statutes related to ethnicity, gender, age discrimination or equal access may be directed to Staff Counsel, 14160 S. Black Bob Road, Olathe, KS 66063-2000, phone 913-780-7000. All inquiries regarding compliance with applicable statutes regarding Section 504 of the Rehabilitation Act and the Individuals with Disabilities Education Act and the Americans with Disabilities Act may be directed to the Assistant Superintendent General Administration, 14160 S. Black Bob Rd. Olathe, KS 66063-2000, phone (913) 780-7000. Interested persons including those with impaired vision or hearing, can also obtain information as to the existence and location of services, activities and facilities that are accessible to and usable by disabled persons by calling the Assistant Superintendent General Administration. (07/17)
Olathe Public Schools USD #233

ATHLETIC/ACTIVITIES (CO/EXTRA-CURRICULAR) SUBSTANCE ABUSE AGREEMENT

Students participating in athletics and/or KSHSAA activities will not use or possess tobacco, alcohol, illegal drugs, or substances that are dangerous to a student’s health. Because the use of alcohol, illegal drugs, and tobacco is detrimental to the health and welfare of any student and because the use of alcohol and illegal drugs and the purchase of tobacco is illegal for adolescents in the state of Kansas, Olathe school district administrators, coaches and activity sponsors believe that the use or possession of the above substances is unacceptable.

The use, distribution or possession of tobacco (including electronic cigarettes and vaping devices), illegal drugs and alcohol, on or off school property, will be considered a violation of published policy once the student is a member of an Olathe district athletic team and/or KSHSAA-sponsored activity.

Violation of this regulation may be reported by a school district administrator, a staff member from the student’s school, the police, or upon verification by the parents of the accused student and/or admission of the student athlete or co-curricular student.

As a participant in co-curricular and/or extra-curricular activities at an Olathe public school, I have received, read and agree to the “Implementation Procedures and Minimum Consequences” (printed on the back) about “no use” or possession of tobacco, alcohol, illegal drugs, or substances that are harmful or dangerous to my health. I understand that I may be subject to the consequences listed on the “Implementation Procedures and Minimum Consequences,” which could result in the exclusion from any or all activities.

Student’s Name: (Please Print)

Student’s ID Number:

Student’s Signature:

Date:

I have read and support the above agreement and understand the consequences listed in the “Implementation Procedures” received by my student.

Parent / Guardian Signature:

Date:

Note: Consequences for violations (in or out of season) of this policy shall carry over from sport to sport, activity to activity, and season to season. If a second offense takes place after 365 days from the first, a ‘clean slate’ is granted with first offense consequences implemented. However, if a second or third violation takes place a ‘clean slate’ is not granted for the remainder of the students’ high school career.

White - Return to Coach/Sponsor
Yellow - Parent Copy
OLATHE EAST ORCHESTRA
UNIFORM AND EQUIPMENT MAINTENANCE AGREEMENT

Place a check by each item you will be using from the school. The replacement value is NOT to be paid unless you lose this item. Please refer to the Orchestra Financial Obligations for money that is due now. Mr. Hanf will keep a list of all assigned inventory for each student.

☐ **CONCERT DRESS.** Replacement Value: $70
   Uniforms should be properly hung between performances. Dry cleaning may be required. Uniform may require alterations. Do not cut any fabric from dresses (hem only).

☐ **TUXEDO JACKET.** Replacement Value: $90
   Uniforms should be properly hung between performances. Dry cleaning may be required. Uniform may require alterations. Do not cut any fabric from tuxedos (hem only).

☐ **TUXEDO PANTS.** Replacement Value: $50
   Uniforms should be properly hung between performances. Dry cleaning may be required. Uniform may require alterations. Do not cut any fabric from tuxedos (hem only).

☐ **BLACK VEST & ORANGE TIE.** Replacement Value: $40
   Uniforms should be properly hung between performances. Dry cleaning may be required. Uniform may require alterations. Do not cut any fabric from tuxedos (hem only).

☐ **CELLO.** Replacement Value: $1,000
   Cellos must be treated carefully each day and properly stored at the end of class.

☐ **BASS.** Replacement Value: $1,500
   Basses must be treated carefully each day and properly stored at the end of class.

☐ **LOCK.** Replacement Value: $5
   Do not leave lock unlocked on locker. Either bring it to class with you or lock it to avoid theft.

We, the student and parent(s), do hereby agree to keep all equipment listed on this form, including uniform, lock, instrument, bow, and its accessories in good repair and playing condition, and return them in the same condition as when received, normal wear is expected. We further agree that we may be asked to incur repair or replacement costs should we be responsible for damage to the uniform, instrument, or other equipment beyond normal wear.

Student Name: ________________________________ Orchestra Period: ______

Parent Signature: ________________________________ Date: ________________

Student Signature: ________________________________ Date: ________________

Address: ______________________________________ Phone: ________________

Email: ______________________________________ Grade: ________________
## Immediate Orchestra Financial Obligations

Circle which item(s) you are paying for and write in the total below:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>OE Orchestra t-shirt</td>
<td>$10</td>
</tr>
<tr>
<td><em>Required: all Orchestra students</em></td>
<td></td>
</tr>
<tr>
<td>Olathe HS Festival t-shirt and Mr. Goodcents Lunch</td>
<td>$15</td>
</tr>
<tr>
<td><em>Required: Concert and Chamber students</em></td>
<td></td>
</tr>
<tr>
<td>White Tuxedo Wing-Collar Shirt / Cummerbund / Tie Set</td>
<td>$20</td>
</tr>
<tr>
<td><em>Required: all Chamber/Concert boys and any other boys who have grown or lost their shirt.</em></td>
<td></td>
</tr>
<tr>
<td>White Tuxedo Wing-Collar Shirt only</td>
<td>$15</td>
</tr>
<tr>
<td>Tuxedo Cummerbund</td>
<td>$7</td>
</tr>
<tr>
<td>Black Tuxedo Bow Tie</td>
<td>$3</td>
</tr>
<tr>
<td>Black Dress Shirt <em>Required: Freshman Orchestra boys</em></td>
<td>$15</td>
</tr>
</tbody>
</table>

**Check #:**

**TOTAL**

*All Concert Dresses, Tuxedo Jackets, Pants, Vests and Orange Ties will be loaned to students free of charge.*

**We will have students try on Concert Attire in class before we order.

***If you already own a white wing-collared tux shirt, tie and/or cummerbund, you do not need to purchase one.

****All Freshman Orchestra Boys will order the same black dress shirt through Mr. Hanf.

All funds should come in an envelope with *students’ name* on it.

Cash or Checks made out to “OE Orchestra Boosters”.

### Future Orchestra Financial Obligations

*Extra events throughout the year do require additional fundraising or financial contribution

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECKMEA District Honors Orchestra Auditions - OE</td>
<td>$10</td>
</tr>
<tr>
<td>All-State Orchestra Auditions - Salina (registration, food, bus, hotel)</td>
<td>$40</td>
</tr>
<tr>
<td>All-State Orchestra Participation Fee (School Paid)</td>
<td>$0</td>
</tr>
<tr>
<td>Regional Solo / Ensemble</td>
<td>$10 / event</td>
</tr>
<tr>
<td>State Solo / Ensemble (School Paid Registration)</td>
<td>$0</td>
</tr>
<tr>
<td>Freshman Orchestra Worlds of Fun Music Festival <em>Required Performance (not required park admission)</em></td>
<td>$40-65 (due in March)</td>
</tr>
</tbody>
</table>
ORCHESTRA DONATIONS

The Olathe East Orchestra has a long history of regional, state and national recognition. In an effort to support that continued success, we invite you to partner with us financially. Your generous contribution will enable us to continue to provide opportunities for our students to study music on quality instruments, travel to competitions and performances, and supply our classroom with equipment, supplies and music. We will recognize our donors in our performance programs.

**Donor Levels:** (check your level)
- Bronze Circle: $1 – 99
- Silver Circle: $100 – 249
- Gold Circle: $250 – 499
- Platinum Circle: $500 – 999
- Diamond Circle: $1,000 +

*Corporate Sponsors of at least $250 may receive ad space in our programs and verbal recognition at our concerts. Please contact Mr. Hanf at mihanf@olatheschools.org to provide ad graphics and advertising details.*

Donor Name(s): ________________________________
(As you want it to appear in print – e.g. Mr. and Mrs. Henry Hawk, or Anonymous)

Specific Donation Amount: $_____________________
(Cash or Check made out to “OE Orchestra Boosters”)

**Donations will be accepted throughout the year but must be received 2 weeks before a concert to ensure your name/ad is printed in the program.

***All donations will be used for the orchestra as a whole. Any donations meant for student accounts only (i.e. Orchestra trips), must be designated as such. Those donations will not receive public recognition in the program since they are specifically for an individual student.

**Submitting your donation:**
Your donation may be submitted by an OE Orchestra Student or mailed, along with this form to:

Olathe East Orchestras
Attn: OE Orchestra Boosters
14545 W. 127th St.
Olathe, KS 66062
Consent & Medical Authorization

School: ____________________________
Activity: ____________________________
Travel Dates: ____________________________

(Student Name) has my permission to attend the activity/event listed on the scheduled date. I understand that the activity/event is a school sponsored event and may result in absence from regularly scheduled classroom time or activities. I understand that if my student must be sent home early for disciplinary reasons, it will be at my expense. The school district representative supervising the activity/event is hereby granted my permission to seek and authorize any medical treatment that may be necessary for the health and well-being of ____________________________ (Student Name) in the event of accident or injury while he/she is attending the activity/event listed above for which my permission has been given.

Dated: ____________________________ 20____

Parent / Guardian (circle one)

TO BE NOTARIZED AS APPROPRIATE:

STATE OF ____________________________
COUNTY OF ____________________________

BE IT REMEMBERED THAT ON THIS _____ day of ____________________________, 20____, before me, the undersigned, a Notary Public in and for the County and State aforesaid, came ____________________________, who is personally known to be the identical person who signed the above foregoing Consent and Medical Authorization, and acknowledged to me that he/she signed the same freely and voluntarily and knew the purpose for which said instrument was to be used.

IN TESTIMONY WHEREOF, I have hereunto affixed my official seal and signature the day and year last written above.

My appointment expires: ____________________________ NOTARY PUBLIC

14160 S. Black Bob Road  PO Box 2000  Olathe, KS  66063-2000  913-780-7000
# Consent of Parents/Guardian – Medical Care & Treatment Form (Please Print Information)

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date of Birth:</th>
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</thead>
<tbody>
<tr>
<td>Parents' Names:</td>
<td></td>
</tr>
<tr>
<td>Telephone (Home)</td>
<td>(Work)</td>
</tr>
<tr>
<td>Home Address:</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Name of Family Doctor:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>If you or the doctor cannot be notified, in an emergency notify:</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Health Insurance Company</td>
<td>Telephone:</td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Policy Number:</td>
<td>Group Number:</td>
</tr>
</tbody>
</table>

## Health Statement

<table>
<thead>
<tr>
<th>Allergies: (including medications)</th>
<th>Allergic Reaction</th>
<th>Recent Health Problems</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Circle any of the following that apply to the student:

<table>
<thead>
<tr>
<th>Asthma</th>
<th>Allergies</th>
<th>Anaphylaxis</th>
<th>Diabetes</th>
<th>Heart Condition</th>
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</thead>
<tbody>
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</tr>
<tr>
<td>Seizures</td>
<td>Fainting</td>
<td>Bipolar</td>
<td>Depression</td>
<td>Digestion Issues</td>
</tr>
<tr>
<td>Acid Reflux</td>
<td>ADD/ADHD</td>
<td>Hypothyroidism</td>
<td>Hypoglycemia</td>
<td>Migraines</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Concussion</td>
<td>Other:</td>
<td>Other:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

Comments:

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<thead>
<tr>
<th>Present Medications</th>
<th>Dietary Restrictions</th>
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<tbody>
<tr>
<td>1)</td>
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<td>2)</td>
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<td>3)</td>
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<tr>
<td>4)</td>
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Updated 8/5/19