

October 04, 2016

Ms. Patty Page; Mr. Chris Willits; Mr. Jeff Sweeney; Mr. Tim Garrison;
Mr. Craig Barry; Ms. Jackie Finckler
18360 Caldart Ave NE
Poulsbo, WA 98370

Re: Kingston Middle School Cavalier Marching Corps Victoria Days Parade 2017 &
Portland Junior Rose Parade 2017

Greetings,

I am writing to request permission to take the award winning Kingston Middle School Cavalier Marching Corps (Band and Drill Team) across international boundary lines to Victoria, British Columbia to participate in the 2017 Victoria Days Parade.

The trip would be for three days and two nights (Saturday, May 20- Monday, May 22, 2017) with one school day missed (Monday-parade day). Attached is a copy of our original working itinerary for Victoria from 2016 as well as initial field trip paperwork for this coming spring. For the 2017 trip there will be some minor time schedule changes. Currently, we have our band boosters making tentative reservations with transportation companies and hotels pending confirmation of the trip. As always, we will provide the district and administration complete information regarding our trip.

This will be our ninth trip to Victoria. In both 2001; 2004; 2010 and 2013 the Marching Corps took overall first place out of all American and Canadian Junior/Middle school bands and placed third in 2005 and second in 2007. Last year we were awarded the Judges Overall Top Band Award for both Canadian and United States bands in middle school and high school divisions We have been personally invited by the parade organizers and the Victoria community is looking forward for us participating once again.

The second part of this letter is for another out of state one day travel request to Portland, Oregon to participate in the 2017 Portland Junior Rose Festival Parade on Wednesday 07 JUN. This year would have normally been our overnight trip to Portland but with us being asked to return as guest grand champions in Victoria that has become our big overnight trip. We have been grand champions of Portland parade in past years as well and in our last appearance in 2014 we took first place in our division. The Portland parade organizers have asked for us to return and I would like to keep our three year rotation intact. I am looking at a same day down and back trip with students missing one day of school.

If possible, may we have an answer by Tuesday, November 1st, so I can update parents on the status of the trip at our Veteran's Day Fall Concert Thursday, November 3rd? Thank you for your time in evaluating this request and for your support of the KMS Cavalier Band Program.

Musically,

Jeffrey M. Haag
Director of Bands; KMS

PS: You are all invited to the concert on 03 NOV where we will salute our veterans/active duty military and their families. We expect about 700 people that night.

Cc: Craig Barry; Jackie Finckler

**KMS CAVALIER MARCHING CORPS VICTORIA TRIP
ITINERARY 2016 (subject to change)**

Saturday, May 21

7:00 am Students/Chaperones arrive @ KMS. Load Buses
7:45 Formation/Roll Call/Marching Practice
8:30 Depart KMS
9:15 Arrive Bremerton
10:00 Armed Forces Parade
11:15 Lunch
12-12:15 pm Depart Bremerton
1:00 Arrive Poulsbo
2:00 Viking Fest Parade
4:30 Arrive Black Ball Ferry
2:45 Load buses for Victoria
5:20 Ferry departs for Victoria, eat sack lunch #2, snacks provided by Boosters
7:00 Arrive Victoria
7:30-7:45 Practice run-through in front of Parliament
8:00 Arrive Hotel, pizza dinner
10:00 pm Lights Out

Sunday, May 22

8:00 am Group One Breakfast at Hotel
8:30 Group Two Breakfast at Hotel
9:30 Uniform checks with chaperones
10:00 Free time with chaperones (eat lunch on your own)
1:00pm Meet at parking lot (west side of Parliament Building) in uniform/unload instruments
1:15 Walk to Parliament Building
2-4:00pm Festival of Bands
4:15 Load instruments, change clothes
4:30 Walk to Spaghetti Factory OR free time until your dinner reservation
5:00 Group 1 dinner Old Spaghetti Factory, followed by free time until 9:30
6:15 Group 2 dinner at Old Spaghetti Factory, followed by free time until 9:30
9:30 Back at Hotel, uniform check with chaperone
10:00pm Lights Out

Monday, May 23

6:30 am Group 1 Breakfast at Hotel, Group 2 bring ALL luggage to holding room
7:00 am Group 2 Breakfast at Hotel, Group 1 bring ALL luggage to holding room
7:45 Walk to parade staging area near Mayfair Shopping Center
9:00-1:00pm Parade, snacks and water provided by Boosters before, during and after parade
1:15 Group photo @ Parliament immediately following parade
1:45 Load instruments on truck; change clothes
2:00 Free time: TO BE DETERMINED: Imax, shopping Lunch and Dinner on your own
6:30 pm Line up for Ferry, AT Ferry
7:30 Ferry departs Victoria
9:00 pm Ferry arrive Port Angeles, load buses

****Approximate arrival at KMS 10:30 pm for parental pick up****



North Kitsap School District

2320F3

Field Trip Authorization Request Form

(To be submitted to principal/department administrator for approval three (3) weeks prior to field trip.)

School/Department KINGSTON MIDDLE SCHOOL/BAND

Originator/Grade Level HAAE / 6-8

Date(s) of Trip 20-22 MAY 2017

Destination BREMERON/POULSBRO/VICTORIA

Name _____

Address _____

Phone () _____ Contact Person _____

Departure/Return Time 0835 (SAT) 1030 PM MONDAY

If applicable: Out-of-State/Country Overnight

Ferry Location and Times BLACK BALL 5:20 PM (SAT) 7:30 PM (MON)

PORT ANGELES

Billing Information
 Purchase Order KMS BAND BOOSTERS
 Check

Type of Transportation

- School Bus Requested - Complete School Bus Transportation Request Form (2320F-1)
- Commercial Vehicle: Type BLACK BALL FERRY
- Use of Private Vehicle - Complete Approval for the Use of Private Vehicle (2320F-3)
- Other: Type _____

Cost:	No. of Adults	<u>20+</u>	Admission:	Each	_____	Total	_____	
	No. of Students	<u>90+</u>	Admission:	Each	_____	Total	_____	
			Transport:	Each	_____	Total	_____	
			Ferry:	Each	_____	Total	_____	
			Other:	Each	_____	Total	_____	
							Grand Total:	_____

Administrator Approval: [Signature] Date: 9/23/16

(Both overnight and out-of-country/out-of-state trip proposals are to be submitted to the superintendent/designee for approval.)
Superintendent/Designee: _____ Date: _____

Distributions:
 Original to Principal
 Copies to:

- Classroom-Teacher
- Principal-Superintendent Designee for overnight and out-of-state trips

KMS FIELD TRIP DETAILS

Staff Name: HAAG Class/Club: BAND

When did you complete medical training? _____ (Contact school nurse for training)

Emergency phone number during trip: 360-271-5073

Date(s) of field trip: _____ Destination: _____ Missed periods: 0 1 2 3 4 5 6

Estimated trip cost: to Individual student	\$ <u>275.00 +/-</u>	
to group ASB account	\$ _____	Act#/Name _____
to group building fund	\$ _____	Act#/Name _____
to Booster group	\$ _____	
TOTAL Estimated cost for trip	\$ <u>275.00 +/-</u>	

*See office manager assistance

Purpose/Learning Objective for trip: LEARN TO WORK TOGETHER AS A TEAM AND PRESENT A FINISHED MARCHING PERFORMANCE WITHIN AND OUTSIDE THE UNITED STATES

How will students demonstrate new learning based on the objective?
PERFORMANCE ASSESSMENT THRU VIDEO RECORDINGS/ COMMENTS/ REFLECTIONS/ DISCUSSING FEEDBACK FROM GROUP MEMBERS

Number of students attending: 90 +/- Number of chaperones attending: 20 +/-

*List of chaperones (all volunteers must have forms submitted to the district):
TBA

**If trip is overnight, you must have a proportional number of male/female chaperones to match the number of students.*

For Official Use

KMS Trip Detail
 NKSD Field Trip Authorization (2820F-5)
 School Bus Transportation (320 F-1) or Private Vehicle (2320F-3)
 Request for Meeting/Conference Form (if missing work)
 Itinerary (if overnight)
 APPROVED DENIED

Comments:

[Signature]
 Principal/Administrator:

9/23/14
 Date:

North Kitsap School District No. 400
Field Trip Permission Form

(Informed Consent Form * District Curricular/Co-Curricular/Interscholastic Activities)

Student Name: _____ Date: 01 OCT 2016

I. **GENERAL INFORMATION** (return this form to your child's school before 01 MAY 2017 and keep any attachments for your information.)

The KENYON MIDDLE SCHOOL CAVALRY MARCHING CORPS
is planning a trip to VICTORIA, BRITISH COLUMBIA

The purpose of this trip is TO PERFORM IN THE 119th QUEEN VICTORIA DAYS' GRADE

Trip destination VICTORIA, BC Phone TBA

Address TBA Place of lodging TBA

We will leave from KOIS date/time 20 MAY 2017 0815

We will return to KOIS date/time 22 MAY 2017 1030 PM

Itinerary attached List of items needed attached

Attending: Number of students 90 +/- Number of adults 20 +/-

Type of Transportation: District Vehicle District Bus Private Vehicle * NO DISTRICT transportation provided

Commercial Transportation (describe) BLACK BALL FERRY Other (describe) _____

* By signing this permission form parents/guardians accept responsibility for insuring that their student arrives to the designated departure area on time and is picked up at the specified pick up location on time.

II. **MEDICAL INFORMATION** (Completed by Parent/Guardian)

Medical Information:

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

The following medications, prescriptions, or special diets are needed:

Medical Release:

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorize the school district to secure emergency medical care, as needed.

Name of preferred doctor _____ Phone _____

Name of insurance carrier _____ Policy Number _____

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. Although I understand that the school district will make reasonable efforts to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. Being fully aware of the risks, I hereby give consent for my child to participate in the activity.

Parent name, please print _____ Home Phone _____

Home Address & City _____ Work Phone _____

Parent/Guardian Signature _____ Emergency Phone _____



A Great Place to Live & Learn

Transportation Department
26000 Siyaya Ave NE
Kingston, WA 98346
US DOT #2358661
Ph: (360) 396-3099

TRIP # 2 ROUND TRIP BUS # 2017

For Trips on Ferry email sent to reserve ferry 72 hours in advance
Terminal 1 / Time _____
Terminal 2 / Time _____

DATE of TRIP 20 & 22 MAY 2017 REQUESTING SCHOOL KINGSTON MS
Class/Dept./Group KMS BAND Destination 22 MAY 2017 BREWERTON -> VOUSSBO -> PORT ANGELES
Total Passengers 120-130 Do you need a bus with undercarriage storage? Yes No _____
For Local Trips- Do you want the bus to stay? Yes No _____
Depart from your school-Time 0815 (SAT 20 MAY) Return to your school-Time 1030 PM (MON 22 MAY)

TRIP APPROVAL Request will not be processed without proper signature and account information below.

ACCOUNT NUMBER _____ Gen.Fund ASB Co-Curricular _____
Teacher(s) HAAS DATE 27 MAY 2017 / ASB student _____ DATE _____
Building Administrator _____ DATE 9/23/14
Superintendent/Designee Signature required if Overnight Out of State Out of Country
Superintendent/Designee Signature _____ DATE _____

FORM MUST BE RECEIVED IN TRANSPORTATION 15 WORKING DAYS PRIOR TO

THIS IS TO BE FILLED OUT BY THE COACH/TEACHER AT THE END OF THE TRIP

Time of departure from school _____ Return trip departure time _____
Time of arrival at Destination _____ Time of arrival at Home school _____
Bus stayed at destination? Yes ___ No ___ Bus Clean after trip? Yes ___ No ___

Driver payroll report-drive start, stop, destination start, stop, drive start, stop, meal start, stop
Add extra sheet if needed (copy of Log sheet)

START TIME					
STOP TIME					
Regular runs missed—Combine as much as you need.					TIME LOST

Driver's Name (Print) _____
Mileage END _____
Mileage START _____
Mileage TOTAL _____

Office Use Only Driver Time _____
Rate per Mile _____
Ferry/Bridge Toll _____
Meals _____
Other charges _____
Direct Total Charges to Account: _____

North Kitsap Transportation Department *infofinder le*

Home Students Trips Field Trips Reports Options

Field Trip [New]

Main Notes Documents History

- *-Required Fields
- *-All trips must be requested at least 14 full school day(s) in advance. (Next void date 10/14/2016)

Template: Blank Field Trip

Field Trip Name: KMS Band - Multiple Parades

* School: Kingston Middle School / 308

* Department: GEN

* Activity: Music

Contact

* Contact: Jeff Haag

* Phone: x3480 Phone Ext: x3480

* Email: jhaag@nkschools.org

Departure

* Depart Date: * Time:

Return Date: Time:

* Departure: (Select One)

Notes:

Destination

* Destination: Select a destination

* Street:

* City:

State: Zip:

Contact:

Title:

Phone: Phone Ext:

Fax:

Email:

Notes:

Directions

Directions:

Trip Details

Equipment: L bus w/storage

* Classification: General Fund

* Number of Students:

Number of Wheel Chairs:

Estimated Miles:

* Number of Adults:

Number of Vehicles:

Estimated Cost: 0

Infofinder le - Field Trip Edit (North Kitsap Transportation Department)

Code (Department/Activity)	Amount (\$)	PO	Invoice Date	Payment Date
Estimated Hours: 0				
Invoicing Information:				
* Code (Department/Activity)	Amount (\$)	PO	Invoice Date	Payment Date
GenFund (/)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
[Select One]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rows: 1		Total: 0.00		
*Map It!		Cancel/Return to List		Save

*Map It! is a service provided by Google.com. Transfinder is not responsible for the information returned by Google.com or its mapping services.

PRIOR ARRANGED ABSENCE FORM

Kingston Middle School

DIRECTIONS

STEP 1: Complete required absence/trip information below.

STEP 2: Have teachers sign this form. Teacher signature acknowledges that they have received notification of this absence and that they have discussed with you the possible effects this absence could have on your performance and/or grade in their class.

STEP 3: Have parent/guardian sign this form. Parent signature indicates that he/she agrees that the student is allowed to be absent.

STEP 4: Return this form to the attendance office prior to the absence.

Student Name: _____ Purpose of Absence: _____

Date(s) of Absence: _____ Time: Leave _____ Return _____

Periods Missed: Core 1 2 3 4 5 6

<i>(Teachers: initial appropriate space)</i>	Per 1	Per 2	Per 3	Per 4	Per 5	Per 6	Per 7/0
Will not need to make up any work							
Will require make-up work							
Student has already missed _____ days. Additional absences may affect progress/credit							
Student should not miss this class							

Comments: _____

PERMISSION

I understand that it is my responsibility to arrange with my teachers how the work missed during my absence can be made up. I recognize the possible impact this could have on my progress in class.

Student Signature

Date

Parent/Guardian Signature

Date

Complete both sides

