Student first and last name printed:_____

Please complete all pages and return to your director.

Handbook acknowledgement

The orchestra handbook has been reviewed in class. A copy of the handbook is available on the orchestra web page at www.beckendorfforchestra.org

STUDENT: I have reviewed the orchestra handbook and I understand my responsibilities. I know I have access to the handbook via the teacher webpage.

Signature:_____ Date:_____

PARENTS: My child has discussed the orchestra handbook with me. I understand it and will support it. I know I have access to the handbook via the teacher webpage.

Signature:_____ Date:_____

TEACHERS: We will be fair and consistent in administering the classroom plan as described in the orchestra handbook.

Signature: Amy Williams Date 8/12/2026

Signature: Melinda Conoby Date 8/12/2026

Concert Attendance Policies

Concert performance and attendance is part of the curriculum for orchestra as established by TEA and Katy ISD. To fulfill this requirement, **the students will receive a major grade for all concert performances**. **Students who have an unexcused absence to a performance will be given an alternate assignment with a maximum grade of 70.** Students are excused for personal illness. Students who are present in school the day of the concert and the day after a concert are expected to attend. When the student has a conflict with another **KISD** event, such as a KISD athletic event, arrangements must be made with the student's director and coaches prior to the concert date. Sporting events or other conflicts that are not sponsored by Katy ISD will not be an excused absence. **Students who have an unexcused absence to a concert will not be eligible to attend the Spring Trip.**

STUDENT: I understand that it is my responsibility to inform my parents of upcoming concerts so that transportation arrangements can be made and scheduling conflicts resolved before the event. I have received a copy of the orchestra calendar and know when I must attend concert performance.

Signature:_____ Date:_____

PARENTS: I understand that my child receives a major grade for concerts and that I can find all concert dates on the orchestra website as well as communication received from the orchestra directors.

Signature:_____ Date:_____

Orchestra t-shirt:

Students will wear the orchestra t-shirt on field trips and other orchestra related activities. The activity fee includes the cost of the shirt so no additional money is needed. Please indicate the size you would like to order for your child. Youth Small is not available due to the printing size required for that size. The smallest shirt available is youth medium.

_____ Youth Medium	_____ Adult Small	_____ Adult X-Large
_____ Youth Large	_____ Adult Medium	_____ Adult XX –Large
	_____ Adult Large	

Volunteers Needed

Throughout the year, parent volunteers will be needed for orchestra events such as concerts, parties, and field trips. For each of these events, we will send a permission slip with an option to volunteer for that particular event. However, we sometimes find that we do not have enough volunteers. Please indicate below if we may contact you should we need additional volunteers.

_____Yes, please feel free to contact me regarding volunteer opportunities

Printed name of volunteer:_____

_____No, please do not contact me regarding volunteer opportunities.

Orchestra Fees:

Course Fee/Activity Fee: (all students)

The orchestra course fee, (also known as the activity fee) for the year is $50 per student. This fee is charged in lieu of a group fundraiser. The money collected from this fee goes towards the purchase of orchestra shirts, music, supplies, social events, group entry fees, and transportation for field trips. Some social events and field trips may involve further costs. Please contact Ms. Williams with any financial concerns. Please follow the steps below to pay the activity fee. Step by step instructions with screen shots can be found on the back of this sheet. If you are viewing this form online, click here for a video tutorial.

1. Access the Pay N' Go store from www.katyisd.org by clicking on the icon in the red bar.
2. Login to the Web Store by clicking on the Pay N' Go icon again (brown tile on the left)
    a. For first time customers, please click **Create New Account**
    b. Your email address and password will be used to log in for future transactions
3. Scroll down and click on the **Student Fees** link to make a fee payment
4. Log in to **Online Payments** using the Guardian's Last Name and HAC (Home access Center) Login This is the same email and password you used to register your child into KISD.
    a. If you do not know your HAC login, visit passwordreset.katyisd.org
5. To make payments, click on **Add to Cart** for the assigned fee you want to pay.
6. The fee amount will be displayed, click **Add to Cart.**
7. Confirm all items in the cart and click **CHECKOUT** to proceed to the Web Store,
8. Enter your payment information and click **CONTINUE.**
9. After verifying your information, click **PLACE ORDER** to process your transaction and view your receipt.
10. An email receipt will automatically be sent to the email address associated with your A+ Pay N' Go account.

*Allow 2 hours for payments to be reflected. Previous Wes Store transactions can be viewed by clicking the My Account link and logging in to your account.

_____I have paid the $50 activity fee for the year. **(pay online)**
(initial)

Instrument Usage Fee: (Cello and Bass students only)

Cello and bass students who wish to use a school instrument during the school day will need to pay the required fee (set by the district at $100 per year). This payment will be made online through Pay-N-Go. A separate letter with more information was included in the binder that was given to your child on the first day of school. Violin and viola students should disregard this section as school instruments are not available to violin and viola students. Please contact Ms. Williams with any financial concerns.

****Note: The instrument maintenance fee needs to be a separate payment from the activity fee. It is also paid in a different way. You will not be able to use the steps above to pay the instrument usage fee.**

A link to a video tutorial on how to pay the usage fee was emailed out a week before the first day of school. Please email Ms. Williams for a link to the video if you are in need. If you are viewing this page online, you may click here for the video tutorial.

Katy Independent School District

Parent/Guardian Authorization for Regular Extracurricular Travel And Consent to Emergency Treatment of Student

Student's Last Name	First Name	Middle Name	Grade Level
Extracurricular Activity			School Year

As the parent/guardian of the above-named student (or adult student), I grant permission for my child (or me) to travel and participate in all regularly/routinely scheduled activities of the designated extracurricular group for the current school year. I understand that all students are required to ride to and from all school-sponsored activities in District-provided transportation according to Board Policy FMG. An exception may be granted for a student to be released to the custody of his/her parent at the completion of the activity if a written request is received and approved prior to the trip. It is understood that a separate permission slip will need to be completed for any additional activities requiring travel in order for my child to participate.

It is understood that neither the Katy Independent School District, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to the above-named student as a result of any aspect of his/her participation on these trips.

I acknowledge that in case of an emergency, illness, or accident for which a parent cannot be reached, an attempt will be made to reach one of the emergency contact people listed below. However, if no one can be reached, I authorize the school officials to take whatever action is deemed necessary in their judgment, for the health of my child. I will be responsible for any cost in the event my child must be transported by ambulance and receive medical care.

As the parent(s)/guardian(s) of the above-named student, a minor, I/we do hereby authorize a Katy Independent School District staff member(s), to act as my/our agent(s), to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed physician/surgeon, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at a hospital. Parents/guardians will be notified by the district, by the contact information below, of any treatment rendered to the student.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician/surgeon, in the exercise of his/her best judgment, may deem advisable, prior to any treatment being rendered.

I/We hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to the agent(s) upon completion of treatment.

It is understood that I/we must assume legal responsibility for any expenses incurred for medical treatment which may not be covered by my/our personal insurance, Medicaid, or Medicare.

Name of Father/Guardian: (Last)	(First)	(Middle)
Father's Home Phone	Father's Work Phone	Father's Cell Phone
Name of Mother/Guardian: (Last)	(First)	(Middle)
Mother's Home Phone	Mother's Work Phone	Mother's Cell Phone

Insurance Information

Name of Insured Policyholder: Last	First	Middle
Insurance Company		
Policy Number	Group Number	

Type of Insurance Plan

☐ HMO ☐ PPO ☐ Medicaid ☐ Medicare ☐ Other: _____

Medical Information

Please note: My child has the following allergies/medical conditions and/or is currently taking the following medications:

Signature of Parent/Guardian:	Date

Revised: 07-13-2016
Special Services Department