

# WESTON PUBLIC SCHOOLS

WESTON, MASSACHUSETTS 02493 • TEL 781-529-8030  
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CHRISTOPHER MEMOLI  
DIRECTOR OF MUSIC

## M.S. Music Department Field Trip

February 1, 2008

Dear Parents,

This year the members of the Weston Middle School Band, Chorus and Orchestra will again participate in Music in the Parks at Six Flags New England. The date of the Festival is Friday, May 30, 2008. We will depart approximately 7:30 a.m. and return at approximately 9:00 p.m.

In this letter we have addressed some of the most important details you should be aware of at this time. Members of the Music Department who are in good standing (grades and discipline) are invited to participate on the trip. On this trip, students will be performing at a school near Agawam, MA where groups will be adjudicated by two judges and then participate in a clinic. Students will spend the afternoon and early evening at Six Flags New England. The trip is both educational and fun for everyone involved. The cost of the trip will be \$90.00. This includes: transportation via charter buses, adjudication/clinic, entrance to Six Flags New England and a T-shirt.

In order to plan for the number of buses and chaperones it is imperative for us to get an accurate count of students who are planning to participate. Once we commit to a number in our traveling group, the school gets no refund. Please return the attached commitment form with a "yes" or "no" response, the Emergency Medical Treatment Form and a \$90.00 trip fee if the answer is "yes," no later than Thursday, February 28, 2008. Please make checks payable to *Town of Weston* (no cash please). All trip payments must be received on or before the deadline. Failure to meet the trip payment deadline may result in a student not being able to attend the trip. If you have any questions concerning the trip, please contact Mr. Memoli at [memolic@mail.weston.org](mailto:memolic@mail.weston.org) or 781-529-8030 ext. 7525. All trip payments are non-refundable.

This has been an exciting year for the Band, Chorus and Orchestra students. We look forward to a fun and rewarding trip to Music in the Parks - Six Flags New England.

Sincerely,

Christopher Memoli  
Director of Music

Deanna Leedy  
Orchestra/Chorus Director

Thérèse Provenzano  
Chorus Director

Colleen Toland  
Orchestra/Band Director

# WESTON M.S. MUSIC DEPARTMENT

## Trip Commitment Form

Music in the Parks - Six Flags New England

Friday, May 30, 2008

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

Please Circle T-Shirt Size (adult sizes)

XS    S    M    L    XL

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I have read the attached letter and give permission for my child to attend this trip. I accept responsibility for the cost of this trip and understand that all trip payments are non-refundable.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

-OR-

I do not give permission for my child to attend this trip.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

I am interested in chaperoning this trip. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

# EMERGENCY MEDICAL TREATMENT FORM

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

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Student resides with:  Mother  Father  Both

Emergency Contact and phone number if the parent cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Past illnesses \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_

Allergies (foods, medicines, asthma, insect, etc.) \_\_\_\_\_

Routine Medications and dosages \_\_\_\_\_

Other Important Medical History Information \_\_\_\_\_

Current Health Concerns \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Policy/Group/Employee Number \_\_\_\_\_

Physician (Name, Phone, Address) \_\_\_\_\_

I hereby give permission, in an emergency when I cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date