

INDIANAPOLIS SYMPHONY ORCHESTRA FIELD TRIP

Saturday, February 8th, 2020
5:30pm Concert

Dear FHS and HSE Orchestra member,

We are excited to do a combined field trip to the ISO concert on Saturday, February 8th, 2020 at Hilbert Circle Theatre! The repertoire for the concert is:

RAVEL

Le Tombeau de Couperin

BRITTEN

Les Illuminations

BERLIOZ

Symphonie fantastique

We will meet at FHS Door 9, at 3:50 and depart for downtown at 4:15. After the concert, we will have pizza in the lobby of Hilbert all together! Approximate return time to FHS is 9:15pm.

The cost for the concert and pizza is \$15 per student. If you would like to chaperone, the cost will be the same, and you must have a current HSE Schools Background Check on file. We would love as many students to join us for this fun event! It is a great concert and will be fun to be all together!

Please return the attached permission slip no later than January 17th, 2020 to your Orchestra Director. Questions, please email:

Nicole DeGuire, FHS
ndeguire@hse.k12.in.us

Zakary Tschiniak, HSE
ztschiniak@hse.k12.in.us

Form

HSE Parental Permission for Student Field Trip

Name of Student: _____ Grade: _____

Field Trip Destination: Indianapolis Symphony Orchestra - Hilbert Circle Theater

Field Trip Date: February 8, 2020 Cost: \$15

Time leaving school: 4:15pm (From FHS) Time returning to school: 9:15pm (to FHS)

Lunch arrangements: Dinner will be provided after the concert.

Parent/Guardian Permission

My signature below gives permission for my son/daughter to attend the school sponsored and chaperoned field trip above.

Critical Information

I can be reached at the following telephone numbers _____ or

_____ on the day of the field trip.

Child's Doctor: _____ Phone: _____

My child has the following health condition(s) and or allergies: _____

List all the medications your child routinely takes (even when not at school):

During the field trip, my child will need to take the following medication(s) at the following time(s): _____

If unable to reach Mr./Mrs. _____, parent/guardian, at the emergency numbers listed, I/we hereby grant permission for a licensed health care professional and or treatment center to administer to my child, appropriate medical care in the event of an accident, illness or emergency.

Parent/Guardian Signature: _____ Date: _____

All parent chaperones need a current background check on file and must have viewed the bullying video. Information regarding this can be found on the HSE website under the Parent Resources tab – PTO and Volunteering. The background check process takes at least a week.