To: Students of SH Chorus

From: Ms. White

Re: **NYSSMA Major Ensemble Festival**

This year, we are happy to announce that the SH Chorus will attend the NYSSMA Major Ensemble Festival on **Monday April 8th, 2019**. The festival is a sanctioned event which rates ensembles and provides feedback.

**What happens at the festival?**

At the this festival, students will present 3 songs they have been studying chorus for a judge. This judge is a music teacher like Ms. Roswell or Ms. White- they want to support students! They listen and evaluate students on several categories such as rhythm, pitch, tone, interpretation, and sight-reading.

**When/where is the festival?**

Leave Groton: 1:00pm (end of 7th period)

Arrive in Fabius-Pompey: before 2:00pm

Warm-ups: 2:00pm

Performance: 2:30pm

Leave Fabius-Pompey: 3:15pm

Arrive in Groton: 4:00pm

**Who goes to the festival?**

ALL SH CHORUS students will attend this festival. We need official permission slips from families but all are expected to participate. It will be part of students’ concert/performance grades. Students participating in after-school activities should make their coaches/advisors aware they will not return until 4pm.

**This festival does not require students to pay any fees. We are grateful to be funded by BOCES!**

Groton Jr/Sr High School

Field Trip Permission Form and Code of Conduct

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Student’s Name) has my permission to go on a field trip to **Fabius-Pompey Jr/Sr High School** on **Monday April 8th, 2019**  under the supervision of Ms. White.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian Signature)

Code of Conduct:

* I will be responsible.
* I will respect others and myself.
* I will respect other people’s property.
* I will choose to learn and allow the presenter to present, the teacher to teach, and the bus driver to drive.
* I will listen to the adult in charge and will follow his/her directions.
* I will do my best remembering always that I am representing my school.
* I will choose to keep others and myself safe.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

# Student’s Signature Date

**-**I/we being the parents/legal guardian of the above named child, do hereby appoint any faculty/staff of Groton Jr/Sr High School to act on my/our behalf in authorizing unexpected medical, surgical, or dental treatment for the above named child.

**Parent/Guardian**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency name & phone number (if parent cannot be reached)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_