



George C. Marshall High School
7731 Leesburg Pike
Falls Church, Virginia, 22043

February 26, 2019

Dear GCM Philharmonic Orchestra Students and Parents,

The **District XII High School Orchestra Assessment** will be held on March 15-16, 2019 at **Washington-Lee High School in Arlington**. The Marshall **Philharmonic Orchestra** has been assigned to perform on **Saturday, March 16, 2019 at 11:35am**. The students have been working hard, and I am confident that they will give a fantastic performance at this event!

District Assessment is one of the most important events of the year for bands, choirs, and orchestras across the state. Ensembles are graded on their tone quality, intonation, technique, rhythm, balance, musicianship, and overall effect. A rubric is used to determine each groups' overall rating, which can be one of the following: I = Superior, II = Excellent, III = Good, IV = Fair, V = Poor. As a part of the GCM orchestra program, **attendance and participation is mandatory**.

The GCM Philharmonic Orchestra will **meet at Washington-Lee HS at 10:10am** on **Saturday, March 16th**. Parents and families should plan to attend our **performance at 11:35am!** Following our stage performance, we will sight-read (no parents/audience, please) and students are dismissed after sight-reading is over.

Please refer to the orchestra website at www.gcmorchestra.org for details on the rehearsals and Pre-Assessment concert in preparation for the Assessment event.

Please sign and return the attached permission form no later than Friday, March 1, 2019. Thank you for your continued support. Please contact me at 703.714.5320 or cabond@fcps.edu with any questions.

Musically Yours,

Catherine Bond
Orchestra Director

enclosure

Philharmonic
* Due 3/1/19



PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK FOR FIELD TRIP

(This form and an attached itinerary description are required for all field trips.)

IMPORTANT DIRECTIONS: (1) Use one form per trip, (2) Complete the school portion (top half) of form, (3) Duplicate one form per student, and (4) Send a copy home for parent and student signatures.

TO BE COMPLETED BY THE SCHOOL

Date(s) of Trip March 16, 2019	Destination Washington-Lee High School		
Purpose Attend District 12 High School Orchestra Assessment Event			
SUPERVISION (Check one.)			
<input checked="" type="checkbox"/> Students will be directly supervised by adults on this trip at all times			
<input type="checkbox"/> Students will be directly supervised by adults on this trip with the following exceptions _____			
TRANSPORTATION BEING PROVIDED (Check all that apply.)			
<input type="checkbox"/> Walking	<input type="checkbox"/> School Bus	<input type="checkbox"/> Commercial Carrier	<input type="checkbox"/> Personal Vehicle
<input type="checkbox"/> Leased Vehicle	<input type="checkbox"/> County Vehicle	<input checked="" type="checkbox"/> None	
DRIVERS OF PRIVATE OR LEASED VEHICLES (Check all that apply.)			
<input type="checkbox"/> Student	<input type="checkbox"/> Parent	<input type="checkbox"/> Teacher or Staff Member	<input type="checkbox"/> Other Adult
VEHICLE TYPE (Check all that apply.)			
<input type="checkbox"/> Car	<input type="checkbox"/> Van (10 passenger or less)	<input type="checkbox"/> SUV	<input type="checkbox"/> Other _____ (Specify)
RISK RELATED (Check all that apply.) N/A			
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Amusement or Theme Park	<input type="checkbox"/> Beach or Ocean	<input type="checkbox"/> Other _____ (List activity)
STOCK EPINEPHRINE (Check one) <input type="checkbox"/> Will be available on this trip <input checked="" type="checkbox"/> Will not be available on this trip			

Pupil Agreement

While participating in this trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Signature of Student _____ Date _____

TO BE COMPLETED AT HOME

PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS

I understand that participation in this trip is voluntary, that it is not required, and that it exposes my child to some risk(s). I also understand that the trip may include amusement activities and that participation in any amusement activities will expose my child to some risk of injury or even death. I have read and understand the the itinerary and authorize my child to participate in the planned components of the trip to the extent indicated by my signature below. I also understand that participation in the trip will involve activities off school property; therefore, neither the Fairfax County School Board, or its employees and volunteers, will have any responsibility for the condition or use of any nonschool property.

PARENT PERMISSION (Check all that apply.)

Participation in all aspects of this trip.

Participation in all aspects of this trip, except the amusement and theme park activities.

Participation in all aspects of this trip, except the water-related activities. **N/A**

Other _____

I give permission for _____ to participate in this field trip.

Signature of Parent _____ Date _____

IMPORTANT NOTICE Fairfax County Public Schools (FCPS) cannot be responsible for reimbursements to parents or students of money submitted as advance payment (e.g., for Broadway shows, transportation, or hotels) for any trip that FCPS cancels. It is strongly recommended that you personally review any tour company's or commercial carrier's contract, including its stated refund policies, BEFORE your child signs up or pays for the trip.