



BMHS VISIT & PERFORMANCE

Dakota Rutt, Director of Bands
6116 E. Highway 69 - PV, AZ 86314
Phone: (928) 775-6747
franklinphoneticschool.com/band

WHO	Jazz Band
WHAT	Perform for Bradshaw Mountain High School Jazz Band
WHERE	6000 E Long Look Dr, Prescott Valley, AZ 86314
WHEN	April 27, 2018
WEAR	Band Shirt and Dark Denim Jeans

PARENTS AND STUDENTS

Jazz Band will be traveling to Bradshaw Mountain High School to experience the BMHS Jazz Band and Band Program. Students will spend the morning listening to, performing with, and for the BMHS Jazz Band. The goal is for students to experience band in a high school setting and to spark interest in continuing in music beyond Franklin Phonetic School. Students will return to Franklin Phonetic School before the end of the scheduled school day.

BEHAVIORAL EXPECTATIONS

All students are to be on their best behavior; all school rules apply. Students are expected to help load, unload, and setup. While watching others perform, all students must be quiet and courteous. Students will be in public places and should act in a way that honors our school and our families. Students will not be allowed to bring cell phones with them.

FRIDAY, APRIL 27, 2018

6:30 am	Jazz Band Report to the Band Room for Instruction / Load Vehicles
6:45 am	Leave for Bradshaw Mountain High School (BMHS)
7:00 am	Arrive @ BMHS
7:20 am	BMHS performs for FPS
7:40 am	FPS performs for BMHS
8:00 am	FPS sits in and sight reads with BMHS
8:20 am	Social Time, Games
8:40 am	Pack Up/ Load Vans
9:00 am	Leave for FPS
9:15 am	Unload / Report to 3 rd Hour Classes

BMHS VISIT & PERFORMANCE PERMISSION SLIP

I give permission for my student, _____, to travel to BMHS on April 27, 2018, with Franklin Phonetic School. I understand that if my student is missing any school assignment he/she may not be allowed to attend. I understand that this **is a required performance** and if my student does not attend, it may affect his/her grade. I understand that my student must follow all school rules and policies at all times and that failure to do so may result in immediate removal at my expense. I, the student, also agree to follow all school rules and policies.

PARENT/GUARDIAN CONTACT NUMBER: _____

EMERGENCY CONTACT NAME: _____

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MEDICAL CONDITIONS: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

STUDENT NAME: _____

STUDENT SIGNATURE: _____ **DATE:** _____