

# 7th Grade Field Trip

**Where:** Sonny's Place – Somers, CT

**When:** Friday May 31, 2109

**Cost:** \$25 / student

*Cash or checks made out to "WLMS"*



We will be leaving WLMS at 9:30am to get to the park place for 10am.  
We will be leaving the park at 1:15 pm and returning to WLMS for 1:45pm.

Permission slips and money are to be returned to Mrs. Yates (room 108)

**NO LATER that Friday May 10, 2019.**

## **Price Includes:**

- ★ Access to all activities at Sonny's Place
- ★ Transportation to and from the park
- ★ Pizza, Chip & Soda buffet

## **Please Note....**

- ★ While on the trip all school rules apply including no cell phones.
- ★ Students are eligible to attend so long as they are not suspended. If a suspension occurs they must appeal to administration as to why they should be allowed to attend the trip. Administration will decide if the student is eligible to attend.



Windsor Locks Board of Education  
Manual of Policies, Regulations, and Bylaws

Policy 6153  
Field Trips, Recreational Trips and Other Trip Sponsored by the Schools  
REGULATION/PROCEDURES/FORMS

EDUCATIONAL FIELD TRIP  
FORM C – PARENT/GUARDIAN REFUND INFORMATION AND VERIFICATION

I \_\_\_\_\_ understand that I may sustain a financial loss of funds  
(Name of Parent/Guardian)

invested in this field trip to Sonny's Place on May 31, 2019  
(Destination) (Date of Trip)

if the trip is cancelled for any reason by the Superintendent and Board of Education Chairperson.

Acknowledgement of understanding of the possibility of the loss of funds  
invested in the above field trip due to cancellation.

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

\_\_\_\_\_  
Date

Please print name \_\_\_\_\_

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**FORM F – STUDENT RESPONSIBILITIES**

All students participating on the field or recreational trip are expected to follow the published itinerary. Any student(s) deviating from the planned program will be referred to the administration.

Appropriate behavior is expected at all times. Anyone observed engaging in inappropriate behavior will be removed from the area and referred to the administration.

While we realize that dress is an individual responsibility, we urge you to dress for comfort and the appropriateness of the occasion. Any questions concerning proper attire should be directed to the Teacher-in-Charge prior to the day of departure. Any student scheduled to take part in the field or recreational trip, who arrives at school on the day of departure dressed inappropriately, will not be allowed to participate.

Any consumption of alcoholic beverages and/or other controlled or illegal substances cannot and will not be tolerated. Anyone observed indulging or suspected of indulging will be referred to the administration.

Smoking or chewing tobacco will not be permitted on the field or recreational trip. Anyone observed smoking or chewing tobacco or suspected of smoking or chewing tobacco will be referred to the administration.

All student rules shall be in effect on the field or recreational trip. Disregard of any of the rules stated above or in the handbook may result in the student being sent home early from the field trip at parent expense.

**Student Responsibilities**

**I have reviewed and understand my responsibilities as a student.**

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

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EDUCATIONAL FIELD TRIP  
FORM D – PARENTS/GUARDIANS PERMISSION SLIP

My child \_\_\_\_\_  
(Print Student's Name)

will be visiting Soony's Place, Somers on 5/31/19 from 9:30<sup>AM</sup> to 1:30<sup>PM</sup>  
(Place) CT (Date) (Time) (Time)

My signature acknowledges receiving this notification. I have reviewed with my child the student responsibilities attached to this permission slip and the attached rules and regulations, which will govern this trip.

In order to ascertain how much transportation is needed, please complete the following:

Check One:  My child will travel (circle one or both) to/from the field trip on a school sponsored vehicle. \*Bus  
 My child will travel with me (circle one or both) to/from the field trip.

Teacher	Parent/Guardian	Student
MEDICAL/EMERGENCY INFORMATION		

I give my permission to the teacher-in-charge of the above trip to seek emergency medical attention for my child and I ask that I be notified as soon as possible. I accept the responsibility for any expense incurred for that medical treatment.

Insurance Company

Insurance ID Number

Signature of Parent/Guardian

Emergency telephone numbers where I can be reached during the trip (include date, time for each):

Any unusual conditions (allergies, daily medications, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

