

WLMS 8th Grade
End of Year Celebration



Field Trip to

Where: High Meadows Resort

When: Wednesday, June 5, 2019 9-2pm

Cost: \$40.00/ Per Student

- **We leave the middle school at 8:30 am to get to High Meadows Resort for 9 am. We will be leaving the resort at 1:30 pm to be back at school by 2pm.**

Price Includes:

Admission into Park

All activities at park

Transportation to and from Park

All you can eat buffet breakfast & lunch

**Enjoy a fun filled day as we celebrating our 8th grade year!
WLMS High Meadows Field Trip**

Wednesday, June 5, 2019

9-2pm

Permission Form

I, (Print Parent/Guardian Name) _____ give my permission for
(Print Student Name) _____ to Participate in the Eighth Grade High
Meadows Field Trip on **Wednesday, June 5, 2019 from 9-2pm**. The rules
governing the trip have been explained to me and I have reviewed them with my child.

1. cost of trip will be **\$ 40**
2. **Permission Slips and Money should be returned to Ms. Cintron No later than May 31, 2019.**
3. **May 31, 2019 is the cut-off date for permission slips** any student who decides not to attend the trip, or is removed for violation of behavior guidelines after this date will receive a refund of monies paid.
4. While on the trip all school rules apply.
5. Students found in violation of school rules will call home to explain their behavior.
6. If inappropriate behavior continues or is of a serious nature additional consequences will apply upon return to school.
7. **Students MUST have an HOS score of 2.75 or above to attend trip.**
8. Students may not be suspended or have ISS (in school suspension) from May 2019 until the date of trip in order to attend. Any student found in violation will not be allowed to attend.
9. The trip may be cancelled by the Board of Education or the Superintendent of Schools at any time if conditions warrant.

My signature indicates that I have reviewed the rules and responsibilities of participation on the Eighth Grade High Meadows Field Trip and accept the conditions as outlined above

Parent/Guardian Name (Print)

Date

Parent Signature

Student Signature

I have enclosed \$ 40 dollars for my student to attend field trip. Checks can be made out to WLMS

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

Regulation Page 3 of 8

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 _____ on _____
(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 or type name _____

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Regulation Page 4 of 8

EDUCATIONAL FIELD TRIP
FORM D - PARENTS/GUARDIANS PERMISSION SLIP

My child _____
(Print Student's name)
will be visiting _____ on _____ from _____ to _____
(Place) (Date) (Time) (Time)

My signature acknowledges receiving this notification. I have reviewed with my child the student responsibilities (for middle and high school students) 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 school sponsored vehicles.

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 trip to _____ on _____ to
seek emergency medical attention for _____ and I ask that I be notified as
(Student's Name)
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.): _____

Section: **INSTRUCTION**

Title: **Field Trips, Recreational Trips and Other**

Definition: **POLICY**

Number: **6153**