

New York City Trip Permission Form



On June 4 – 6, 2018 Seabrook Middle School 8th graders will have the opportunity to tour New York City! Please check the itinerary flyer for trip details and specifics.

The trip cost is \$565.00 per person, the price includes all expenses except for souvenirs, two meals and snacks at the rest areas.

In order to reserve space on the trip, we are asking that an initial **non-refundable deposit of \$150.00** be brought in to the middle school office by November 2, 2017. The remainder of the balance will be due on February 16, 2018. We have provided a payment schedule (see the permission form) to help families budget appropriately.

Fundraising opportunities will be advertised. In previous years many students have raised a significant portion of the cost of their trip.

TRANSPORTATION

Students will need transportation to the school on the morning of the trip and will need to be picked up from the school when the bus returns. If a ride home will be with someone other than a parent or guardian the student must have a pre-approved note. Notes will be accepted up to two days prior to the trip at the latest.

STUDENT BEHAVIOR

Students are required to behave respectfully and dress appropriately on the trip; all school rules apply. Participation in this trip is a privilege, not a right. A student may NOT be allowed to participate in this trip if he or she is serving a school suspension, expulsion or other form of exclusion from school due to violations of the Seabrook Middle School Student Handbook, Seabrook School Board Policies and/or school-based rules at the time of the trip. Additionally, a student's overall behavior performance throughout the year may be taken into consideration in order to ensure the health, safety and welfare of other students participating in the trip. Students and parents will be notified two weeks prior to the trip of their standing. **It should be noted, however, that revocation of the trip privilege can occur up until the departure of the trip. Students who are not allowed to attend the trip should NOT expect a refund for the cost of the trip.**

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Please return this permission slip to the SMS office with \$150.00 non-refundable deposit by November 2, 2017.

The 8th grade will be attending a trip to: NEW YORK CITY

<i>Date</i>	June 4 - June 6, 2018
<i>Location</i>	NEW YORK CITY
<i>Cost</i>	\$565.00 (\$150.00 <i>non-refundable</i> deposit due November 2, 2017)
<i>Transportation</i>	Bus cost included. Bus arrives and departs from Seabrook Middle School; students will need transportation to/from Seabrook Middle School.
<i>Notes</i>	<p>Payment Schedule:</p> <p>Nov 2nd - \$150.00 <i>non-refundable</i></p> <p>Dec. 7th - \$150.00</p> <p>Jan. 11th - \$140.00</p> <p><u>Feb. 8th - \$125.00</u></p> <p><u>Total: \$565.00</u></p> <p><u>Should you have any questions or concerns regarding payments, please contact Lana Mounsey in the SMS office at 604-474-9221.</u></p> <p><u>Please return this permission slip to the SMS office with \$150.00 non-refundable deposit by November 2, 2017.</u></p>

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I have read and understand the rules of this trip. I acknowledge that if a discipline infraction occurs at any point prior to the trip, my child may not be allowed to attend the trip to New York City. In addition, they will not receive a refund of their deposit or payments.

I give my permission for my child:

_____ to attend the New York City trip on June 4-6, 2018 with Seabrook Middle School.

- I will be picking my student up after the trip.
- I will include a note for my student to be picked up by someone else (due two days prior to the trip).
- I have included a deposit of \$150.00 with this slip.
- I have included the total trip cost of \$565.00 with this slip.

Enclosed is \$ _____ (Exact cash or check made payable to Seabrook Middle School).

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Student Name (Printed)

Parent/Guardian Signature

Date

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CODE OF CONDUCT STATEMENT OF DISCIPLINARY ACTION MEDICAL RELEASE

The Code of Conduct, Statement of Disciplinary Action, and Medical Release shall be signed by all students who participate, their parent or guardian, and staff/advisor prior to participating in the trip.

1. **CODE OF CONDUCT** - All school and district policies are in effect on trips. For example:

- 1.1 Show courtesy and respect toward others at all times.
- 1.2 No possession or use of tobacco products.
- 1.3 No consumption or possession of alcohol, other drugs or paraphernalia.
- 1.4 No use of vulgar or obscene language or acts of lewdness.
- 1.5 All rules, including schedules and curfew, will be strictly adhered to.

2. **STATEMENT OF DISCIPLINARY ACTION** - The following are examples of disciplinary actions which may be taken in the event that the Code of Conduct, school policies, or district policies are not followed:

- 2.1 Sent home immediately at his/her own expense.
- 2.2 Placed in the care of a chaperone.
- 2.3 Confined to a specified area.
- 2.4 Referred to school administration.
- 2.5 Students found in violation of Student Rights and Responsibilities, regarding, but not limited to, use/possession of alcohol, other drugs or paraphernalia shall be subject to expulsion, suspension, or discipline which could result in loss of or denial of a diploma or removal from school activities, such as, but not limited to, commencement, trips, athletics, etc.

3. MEDICAL RELEASE

Student has medical insurance coverage with (company): _____

Policy or ID number: _____

Note: It is recommended that students participating in overnight or out-of-state field trips have medical insurance coverage.

I, (parent/guardian) certify that my son/daughter _____ is physically able to participate in the trip. However, the following special health problems (such as severe reaction to bee stings, other severe allergy, hemophilia, diabetes, heart disease, etc.) should be noted:

Family Doctor: _____

Phone: _____

In case of accident or emergency, if I cannot be reached by phone, call:

(Name): _____

Phone: _____

Relationship: _____

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Permission Statement:

I give my permission for my son/daughter, _____ to participate in the field trip described above. The staff advisor or chaperones have my permission to seek necessary emergency medical aid from the most convenient doctor, clinic, or hospital.

I further agree to the following:

- 1. Medical Release (Information supplied above)**
- 2. Code of Conduct**
- 3. Statement of Disciplinary Action**

Parent/Guardian Name Printed

Date

Parent/Guardian Signature

Date

Student Name Printed

Date

Student Signature

Date