

Dear Parents,

We are very excited to announce that our end of the year field trip will be to...Walt Disney World's Animal Kingdom. Yes, we are going to Orlando! ③

This school year, in order to enhance the Science and Social Studies curriculum, and to reward our students for their daily commitment and effort in our classes, we have decided to take our end of the year field trip to the next level.

The field trip is scheduled for **Friday, May 29, 2020**. Because the cost of the field trip is higher than that of a typical field trip, we are sending out this information early so that you have time to plan financially.

The cost **per person** <u>CHILD OR ADULT</u> is \$198 for regular admission. If you are a Disney annual pass holder, the price is \$105 **per person**.

For this field trip, parents are welcomed and highly encouraged to attend with your child. However, you must first go through the volunteer process online, and be cleared through the school. Cynthia, in the office, will clear you to be a volunteer once you have completed the online process. Please see attached volunteer form for instructions. **NO ADULT PAYMENTS WILL BE ACCEPTED UNTIL VOLUNTEER CLEARANCE HAS OCCURRED.** 

The cost of the field trip includes:

- Transportation (on a Dade-County approved deluxe motor coach bus)
- Entrance to Walt Disney World's Animal Kingdom
- A meal voucher for both lunch and dinner in the park

Payment Number	Payment DUE Date	Regular Admission	Annual Pass Holder
1	November 8, 2019	\$66	\$35
2	January 17, 2020	\$66	\$35
3	March 6, 2020	\$66	\$35

Payment Schedule PER PERSON:

Please send the payments in a form of a <u>check made out to ARCHIMEDEAN ACADEMY</u>. If you have any questions, comments, or concerns, please feel free to discuss them with your child's homeroom teacher.

**Disclaimer:** Any fourth-grade scholar with disciplinarian issues will not be permitted to attend the field trip. Any cancelation after March 30<sup>th</sup> is non- refundable.

Thank you,

The 4th Grade Team

	AMI-DADE COU ENT PERMISSIO	NTY PUBLIC SC DN FORM - FIEI	HOOLS	tics, Activities and A	Accreditation
Field trips are not mandatory. They are designed to serve as community service projects.	ned to enhance curriculu	m, to encourage student	participation in e	ktra-curricular activi	ties, and
SE	CTION I. IDENTIFYING		- 40/11/10		
SCHOOL Archimedean Academy		UAT	E <u>10/11/19</u>		4th
STUDENT'S NAME		I.D.	NO	GRADE/HR	401
	CTION II. NOTIFICAT				
4th Grade Professors is plann School Group Sponsor Name					
The purpose of the trip is to enhance scholars' S	cience and Social St	udies curriculm prov	viding real wo	nd experiences.	<u>.</u>
TRANSPORTATION: Private Vehicle Bu	ıs Airline	Name of Carrier	Other	Please Spe	cify
This trip will be chaperoned by(Total	6 teachers Number of Chaperones)	Cost	to each studen	t \$ <u>\$198</u>	
I understand that if I am unable to pay for the cost opportunity to raise funds through authorized fund-rais not apply to activities not directly related to classroom	ing activities, or be given	assistance in identitying	anomer running	e, my child will be source. (This provi	given an sion does
DATE(S) OF TRIP :(Include departure/return time)	ROM 5/29/20 4:45a	m	TO <u>5/30/2</u>	0 ETA: 12am	
-The above time schedule					
	P THE TOP PORTION FO				]
L					
RETURN	THE BOTTOM PORTIO	N TO THE TEACHER.			
SECTION III. PARENT/GUARDIAN'S WRITTEN PERMISSION TO PARTICIPATE IN ACTIVITY					
I hereby give permission for my child	(Child's Name)	Stu	ident I.D. No		
to participate in the field trip to Animal Kingdom					
	(	Destination)			
DATE(S) OF TRIP :(Include departure/return time)	ROM <u>5/29/20 4:45a</u>	ım	TO <u>5/30/2</u>	20 ETA: 12am	
I have completed the EMERGENCY CONTACT IN	FORMATION in Section	on IV (see below).			
SIGNATURE OF PARENT/GUARDIAN			DATE		
SECTION	IV. EMERGENCY CO	ONTACT INFORMATI	ON		
1. Name of parent/guardian					
2. Parent/Guardian Phone No(s). Home	Business		Cell		
3. In case parent/guardian cannot be reached, please contact:		Relationship	Te	lephone No	
4. Please list any insurance policy covering your child			Policy No		
5. Physician's Name		Telephone No			
5. Only if applicable, complete the following: a. N	ly child has the following med	fical problem:			
(	ly child takes the following m Proper Medical form #2702 is ly child has the following alle	on file at the school)			
I AUTHORIZE MEDICAL TREATM	ENT FOR MY CHILD IN CAS	E OF ACCIDENT OR ILLNI	ESS WHILE ON TH	IE TRIP.	
PARENT/GUARDIAN SIGNATURE		, , , , , , , , , , , , , , , , , , , ,			

FM-2431 (Rev. 07-19)



### Parent Notification/Consent Form Day Trip

Name	Class
Trip Coordinator: <u>4th Grade</u> Professors	Trip Date: <u>5/29/20</u>
Destination: Disney's Animal Kingdom	
Departure Site: Archimed ean Academy Departure Tim	e: 4:45-5:00 am
Return Site:	12 am 5-30-10
Mode of Transportation: Motor Coach Deluxe	Bus
Purpose of Trip: To enhance the Social S	studies and Science
Curriculum	

## **Specific Instruction for Field Trip**

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Specific Clothing/Equipment Required for this Trip: <u>Comfortable</u>, <u>clothing</u>, <u>Sun</u> screen This trip will include the following physical and sports activities: <u>Animal</u> Kingdom's <u>rides</u> <u>& attractions</u>

I, the parent/guardian of the student named above, hereby give my permission for my child to take part in the school trip described above.

a) I consent to my child's participation in all activities except for the following:

b) Please indicate below *any permanent or temporary medical or other condition* including special dietary and medication needs, or the need for visual or auditory aids, which should be known about your child:

d) I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the trip may act on my behalf and at my expense in obtaining medical treatment for my child.

e) I understand that my *child is expected to behave responsibly* and to follow the school's discipline code and policies.

f) I agree and understand that I am responsible for the actions of my child, and I release the school from all claims and liabilities that arise in connection with the trip, except if due to the negligence of school officials.

g) I understand that students who violate the school's discipline code may be excluded in the future by the school from participating in a trip.

h) In an emergency I c	an be reached at: Day: ()	Evening: (	$\square$	
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Additional Contact: Name \_\_\_\_\_ Day: (\_\_) \_\_\_\_ Evening: (\_\_) \_\_\_\_

I give my permission for my child to participate in this school trip. [] YES [] NO

(Signature of Parent/Guardian)

(Date)

### STUDENT DECLARATION

I have read this form and I understand that I am to act on this trip in the same responsible manner in which I am expected to conduct myself in school.

(Student's Name)

(Date)



# Guidelines for Volunteer Field Trip Chaperones – Archimedean Academv

Return this to your child's Homeroom teacher if you want to be considered as a volunteer field trip chaperone. There may not be room for all who volunteer to chaperone. You will be notified if you are selected to chaperone.

Thank you for your interest in being a field trip chaperone. The role of a chaperone is an important one, and while enjoyable, requires accepting certain responsibilities. These guidelines help ensure that school district sponsored field trips result in safe and rewarding experience for all participants.

# **Becoming a Volunteer Field Trip Chaperone**

District procedures require that all volunteers have a volunteer application form on file with the school's Volunteer Services Coordinator and have a background check completed before becoming a chaperone. The district also requires that a field trip chaperone be at least 19 years of age. You may contact the front office for more information.

### **Guidelines for Chaperones**

- 1. Please leave other children at home. The scholars assigned to your group will need your full attention during the entire field trip.
- 2. Familiarize yourself with the general instructions given to the scholars prior to the field trip and enforce these instructions throughout the trip.
- 3. Teachers reserve the right to assign and/or reassign students to groups.
- 4. The scholars in your assigned group are your responsibility. Know exactly how many scholars are in your group and learn their names and faces. Be sure that all are present before moving from one place to another.
- 5. Always be safety conscious. You are responsible for the continuous monitoring of your group's activities.
- 6. Be on time for designated meeting places and departure.
- 7. Keep your assigned group of scholars with you throughout the field trip, including time on the bus. Never allow individuals to leave the group, except in emergencies and then only with a partner. Let the teacher know before allowing the scholar to leave the group.

- 8. You have the authority to enforce the rules and appropriate behavior. Report any major and/or continued infractions to the teacher as soon as possible.
- 9. For the protection of both scholars and chaperones, do not place yourself in situations in which you are alone with a scholar.
- 10. Please do not purchase items or provide opportunities that are not offered to all scholars in the class or preapproved by the teacher.
- 11. Sensitive information you may learn about a scholar's abilities, relationships, or background must be kept confidential.
- 12. To ensure that you are able to devote your full attention to the important responsibilities of chaperoning, restrict cell phone use to emergencies only.
- 13. Please be aware that some scholars have photo restrictions; this means their parents have formally requested they not be photographed at school or school activities. If you take photos, verify that scholars you photograph do not have photo restrictions; teachers have this information. Do not post photos of scholars on your personal social media.

If you have questions about any aspect of the field trip or the expectations of chaperones, please ask for assistance from the teacher or staff member in charge. We hope you enjoy your field trip experience.

# I have read, understand, and agree to comply with the guidelines if I am selected to be a field trip chaperone.

Signature

Printed Name

Scholar's Printed Name

Date

To be completed by the volunteer:

Teacher:

Field trip to:

Date of Field Trip: