

Dear 5th Grade families,

We are excited for this year's 5th Grade's Field Trip to **Universal's Islands of Adventure** in Orlando, FL! Prepare yourselves for a day filled with excitement, laughter, and unforgettable memories as we explore the wonders of this incredible theme park.

Fifth grade scholars in good behavioral and academic standing are eligible to attend this one day trip on **Friday, February 20, 2026**. Adult chaperones are the same price. The fee includes A/C coach transportation and theme park one-day entrance. Please see below for the itinerary. (Meals, fast passes and souvenirs are not included in this price.)

### **Field Trip Details for Friday, February 20, 2026**

- ★ **4:15 am:** Meet at Archimedean Academy and depart for Orlando
- ★ **9:30 am:** Arrive at Universal Islands of Adventure
- ★ **7:00 pm:** Depart home to Miami/ Rest stops en-route if needed
- ★ **11:00 pm:** Arrive at Archimedean Academy for parent pick-up

<b>Cost (Rate Per Person)</b>	<b>Annual PassHolder Cost (Rate Per Person)</b>	<b>Due Date to be paid in full</b>
\$210.08	\$96.60	<b>Dec 18, 2025</b>

Field Trips can **ONLY** be paid directly through the Archimedean Accounting Office via credit card. Please fill out the attached credit card authorization form and send directly to Ms. Baron by email at [cashier@archimedean.org](mailto:cashier@archimedean.org). Please read **carefully** the attached cancellation policy.

Each child attending must be paired with an adult. Parents are welcome and highly encouraged to attend! Anyone interested in attending as a chaperone for their child must reach out to Mrs. Gonzalez and fill out the attached chaperone authorization form to be added to the system. You will not be able to pay for your spot *unless* you have been added.

If a child will not have a parent attending, please arrange their chaperone *in advance* of registering them for this field trip. A child will only be added to the list once they have been paired with another attending parent. We must have the chaperone's name confirmed beforehand. Please coordinate with other parents attending the field trip to see if one would be willing to supervise your child at the theme park.

Space is limited so priority will be given to those who reserve their spot first with payment and submission of field trip paperwork. Please be aware that siblings not in 5th grade at Archimedean Academy are not permitted to attend.

Please note that all students and chaperones attending will have a reserved seat on our bus. Students must ride the bus with us to Orlando; however, they may be **signed out** and return home with their parent afterward if desired. We understand that some families may choose to stay and enjoy the weekend in Orlando.

Please remember that participation in this activity is a privilege. Each scholar is expected to maintain positive behavioral standing *throughout* the school year to remain eligible for this trip. Refunds will not be given for removal from a field trip due to behavioral misconduct.

This field trip will be an unforgettable experience that your scholar will cherish forever! Please feel free to contact Mrs. Gonzalez at [leilani.gonzalez@archimedean.org](mailto:leilani.gonzalez@archimedean.org) with any questions that you may have.

Kind regards,

The 5th Grade Team





# PARENT PERMISSION FORM -- FIELD TRIP

Field trips are not mandatory. They are designed to enhance curriculum, to encourage student participation in extra-curricular activities, and to serve as community service projects.

SCHOOL Archimedean Academy SECTION I. IDENTIFYING INFORMATION DATE 11/6/25

STUDENT'S NAME \_\_\_\_\_ I.D. NO. \_\_\_\_\_ GRADE/HR \_\_\_\_\_

AA 5th Grade SECTION II. NOTIFICATION TO PARENT is planning a field trip for AA 5th Graders to Universal Islands of Adventure 6000 Universal Boulevard, Orlando, FL 32819  
School Group Sponsor Name Name of School Group Destination

The purpose of the trip is to provide students with experiential learning opportunities that connect classroom knowledge with real-world applications.

TRANSPORTATION: Private Vehicle \_\_\_\_\_ Bus  Airline \_\_\_\_\_ Other \_\_\_\_\_  
Name of Carrier Please Specify

This trip will be chaperoned by 5th Grade Teachers and Parents Cost to each student \$ **\$210.08**  
(Total Number of Chaperones)

I understand that if I am unable to pay for the cost of this trip, and I want my child to participate, where appropriate, my child will be given an opportunity to raise funds through authorized fund-raising activities, or be given assistance in identifying another funding source. (This provision does not apply to activities not directly related to classroom instruction, e.g., Grad Bash, football games, banquets, etc.)

DATE(S) OF TRIP : (Include departure/return time) FROM Friday, February 20, 2026 4:00 AM TO Friday, February 20, 2026 11:00 PM

--The above time schedule and/or personnel may be changed due to unforeseen circumstances. --

PLEASE KEEP THE TOP PORTION FOR YOUR INFORMATION.

RETURN THE BOTTOM PORTION TO THE TEACHER.

### SECTION III. PARENT/GUARDIAN'S WRITTEN PERMISSION TO PARTICIPATE IN ACTIVITY

I hereby give permission for my child \_\_\_\_\_ Student I.D. No. \_\_\_\_\_  
(Child's Name)

to participate in the field trip to \_\_\_\_\_  
(Destination)

DATE(S) OF TRIP : (Include departure/return time) FROM \_\_\_\_\_ TO \_\_\_\_\_

I have completed the EMERGENCY CONTACT INFORMATION in Section IV (see below).

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

### SECTION IV. EMERGENCY CONTACT INFORMATION

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 \_\_\_\_\_ Telephone 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. My child has the following medical problem: \_\_\_\_\_  
b. My child takes the following medications regularly: \_\_\_\_\_  
(Proper Medical form #2702 is on file at the school)  
c. My child has the following allergies: \_\_\_\_\_  
I AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN CASE OF ACCIDENT OR ILLNESS WHILE ON THE TRIP.  
PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## Field Trip Cancellation & Reimbursement to Families Policy

Field trip Accounting Procedures policy regarding family reimbursement for field trips paid and later cancelled. The Archimedean Schools adopt the MDCPS Field trip accounting Procedures and in addition the following paragraphs shall be incorporated:

### 1 Cancellation of Field trips and reimbursement procedures:

Should the school cancel a field trip for all scholars, families should be reimbursed via school check for the total amount collected by the family for the purpose of the field trip.

### 2. Cancellation due to family decision.

Should a scholar (family) cancel participation in a planned field trip there will be no reimbursement of funds collected unless a Doctor's note is submitted to the school indicating that the scholar absence was due to illness.

### General provisions

- There will be no reimbursement to families for funds collected if the school has paid the vendor and the vendor does not have a reimbursement policy.
- The school to offset the field trip costs that have been evenly distributed to the scholars committed to attend will withhold a 25% of the field trip cost collected.
- Should there be a family balance due to the school for any services provided by the school, the School Reserves the Right To offset the Amount in order to settle an account balance due. Families should request in writing (submit a reimbursement Request) stating to which account they would like the field trip reimbursable funds to be transferred.
- For a reimbursement to be processed, it is required that Families submit to accounting department, in writing, a Reimbursement request form and copies front and back of the checks that have cleared through their bank.

Funds collected and not reimbursed should be accounted for in the Schools' Internal fund.

Collection of balance due for services provided by the school to be settled by the families prior to graduation of 5th grade same that applies/established for 12th grade.

Scholars graduating from 5th grade must be in good academic standing and have no outstanding balances with the school in order to participate graduation activities.

A check list prepared by the school Principal should include the following:

### Academically Cleared SY 2024-2025

*(To be prepared and Signed by the Principal for Promotion)*

### Financial Obligations Met:

- After School: Dues Paid Off for all Family Members
- Lunch Dues: Paid Off for all Family Members
- Library: all Books Returned and Late Fees Paid Off for all Family Members
- Extracurricular & Athletic Fees: Paid Off for all Family Members

*(Signed by the Cashier)*

### Textbooks and/or School I-Pad Accounted For & Returned and or dues paid Off

- Classroom Books and School I-Pad Returned and or dues Paid Off.
- Field trip balances Paid Off

*(Signed by School Secretary)*

### P.T.O. Dues Met:

- Promotion Fees Paid
- Other Dues to PTO Paid

*(Signed by School Secretary or PTO President)*

Required

Student Name \_\_\_\_\_ Grade 5th Grade

Parent / Guardian Name \_\_\_\_\_



I hereby authorize the "Archimedean Academy Inc." to charge my credit card in the amounts stated and specified in the Registration Form(s) that I have submitted to Archimedean Schools or for one time charge for the item(s) described below.

- I understand that my credit card for monthly payments will be processed approximately between the 1st and 10th of each month.
- I understand that a sufficient balance and/or credit line must be maintained in my account to fulfill my monthly obligation.
- I understand that insufficient funds and/or denial of payment to Archimedean Schools will result in a \$25 service charge for each case of insufficient funds and/or denial of payment to Archimedean Schools, which will be deducted from my credit card.
- I understand that this authorization will remain in full force and effect until I notify Archimedean Schools in writing that I wish to revoke this authorization.
- I understand that Archimedean Schools requires 30 days prior notice in order to cancel this authorization.
- I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card Company, as long as the transactions correspond to the terms indicated in this authorization form.
- I understand that payments to Archimedean Schools are applied to the oldest charges of the selected registration(s) first.

**OPTION 1: RECURRING PAYMENTS**

Please charge my Credit Card in the amount stated and specified in the registration form(s) submitted to Archimedean Schools

for School Year 20\_\_ - 20\_\_ as Follows:

- WEEKLY Summer Camp ONLY     BI-WEEKLY Summer Camp ONLY     MONTHLY All Other Payments

- ACC     LUNCH     PRE-K     ATHLETICS

You may select multiple registrations

**OPTION 2: ONE TIME PAYMENT**

One time charge for the items described here below.

Amount \$ \_\_\_\_\_  
*Fill amount only for one time charge*

Item description

5th Grade Universal Islands of Adv 2026

*Describe the purpose of this on time payment*

PLEASE SUBMIT ONE SIGNED CREDIT CARD AUTHORIZATION PER STUDENT VIA EMAIL TO: [CASHIER@ARCHIMEDEAN.ORG](mailto:CASHIER@ARCHIMEDEAN.ORG)

Type of Card  VISA     MASTERCARD     AMEX     DISCOVER

Name on Card \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_    Billing Zip Code \_\_\_\_\_    CVV# \_\_\_\_\_  
MM    YYYY

Phone Number \_\_\_\_\_

Credit Card Holder Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM    DD    YYYY



AA  AMC  AUC  PRE-K  ACC

Required

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.

**Guidelines for Chaperones**

- 1. Please leave other children at home. The students assigned to your group will need your full attention during the entire field trip.
2. Familiarize yourself with the general instructions given to the students 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 students in your assigned group are your responsibility. Know exactly how many students 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 students 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 students 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 students 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 students 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 students you photograph do not have photo restrictions; teachers have this information. Do not post photos of students 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.

Name \_\_\_\_\_

Signature

Sign Here

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Teacher \_\_\_\_\_

Section \_\_\_\_\_

Field trip to \_\_\_\_\_

Date of Field Trip \_\_\_\_\_