

6th Grade Field Trip Information

January 13th, 2017

Dear Parents/Guardians,

The 6-1 Team will be taking a field trip to Marbles Museum in Raleigh, NC on Monday, February 27th, 2017. The field trip will last approximately 3.5 hours including travel time and lunch. Students will be participating in an IMAX movie and Learning Lab about space. Students will need to bring a lunch or order a bag lunch from the cafeteria (form attached) using their student accounts. Students are expected to follow all Marbles Museum expectations as well as ECMS and WCPSS rules and policies.

The cost of the trip is **\$10.00** (and is **non-refundable**). Parents/Guardians may pay in cash or check. Checks can be made payable to **East Cary Middle School**. Please include the student's name in the Memo line. If you choose to pay with cash, please pay with **exact cash**. Our team also wants to make sure that every student has the opportunity to experience the field trip so if you are in need of payment assistance or are willing to sponsor a student, please indicate that on the slip below.

We will need approximately 10 parent/guardian chaperones to go with us per the request of the museum adult to student ratio. In order to be a chaperone, you must have cleared the WCPSS Volunteer System for the 2016-2017 school year. If you are interested in chaperoning, please send Ms. Haynie an e-mail by Friday, January 20th. She will have to check if you are cleared to participate through the school secretary. The team will accept the first 10 cleared parent volunteers to chaperone. Chaperones will pay for their entry fee when they arrive to Marbles museum.

All payments and/or forms need to be turned into to the 6-1 teachers **by Friday, February 3rd, 2017.**

If you have any other questions about the field trip, please contact Ms. Haynie (lhaynie@wcpss.net).

Thank you,

L. Haynie, M. Gilliland, M. Hayes, C. Miller

Please attach this slip of paper to the parental consent/emergency contact form. Check all that apply.

Payment

I have attached exact cash or check as payment for the field trip.

I will need assistance in paying for the field trip.

I would like to sponsor a student's field trip.

Lunch

I will bring my own lunch (disposable lunch items only)

I need to order a bag lunch from the cafeteria. (Fill out attached form)

Student Name

Parent/Guardian Name



WAKE COUNTY PUBLIC SCHOOL SYSTEM

PARENTAL CONSENT AND STUDENT MEDICAL INFORMATION FOR SCHOOL TRIPS

BY SIGNING THIS CONSENT FORM, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE INFORMATION BELOW AND THAT ANY INFORMATION I HAVE PROVIDED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF THIS FORM IS NOT COMPLETED AND RETURNED BY _____, THE STUDENT WILL NOT BE PERMITTED TO PARTICIPATE AND WILL REMAIN AT SCHOOL IN A SUPERVISED ACTIVITY.

Trip or Activity Planned Marbles IMAX and Learning Lab - Hidden Universe
Attached is an itinerary that includes the place or places to be visited, a daily schedule of activities, and the dates, times, and places of departure and return.

Date(s) of Trip Monday, Feb. 27, 2017 Purpose of Trip or Activity Extend curriculum

School East Cary MS Name of Teacher/Sponsor 6-1 Team

Method of Transportation WCPSS vehicle charter bus/contract vehicle *privately-owned vehicle

* When privately-owned vehicles are used for transporting students, only the vehicle owner's liability coverage is applicable to any vehicular accident. When students are transported by vehicles owned by Wake County Public School System, the school system vehicle liability coverage is applicable to any vehicular accident.

Changes/Cancellations

I understand school trips may be cancelled when necessary by the principal, superintendent, or board of education. The school system cannot guarantee reimbursement when such cancellations occur. Parents/guardians will be notified of any significant change in plans prior to the school trip.

Expectations and Instructions

I understand the following is expected of the student:

- To follow instructions given by the teachers/chaperones.
- Not to leave or separate from the group without appropriate authorization from a teacher/chaperone.
- Comply with all school and district policies and rules of conduct.

In the event any of the above expectations or instructions are violated, I understand school officials reserve the right to remove the student from the trip and the student will be subject to school disciplinary consequences.

Insurance Coverage

I represent that the student has insurance either through the school system's student insurance program or through my own insurance carrier.

* I request that _____ (student) be allowed to participate in the trip and/or activity planned and, recognizing the risks inherent in the trip and/or activity planned, specifically consent to the student's participation. In the event of an accident or a medical emergency, I authorize school officials to seek and consent to emergency medical assistance on the student's behalf. I will assume responsibility for all expenses. I understand that school officials will use the contact information provided below to attempt to contact me in the event of such accident or emergency.

* Parent/Guardian Signature _____ Date _____

This form must be kept with school officials at all times during the school trip.

(Turn Over ->)



WAKE COUNTY PUBLIC SCHOOL SYSTEM

* Parent/Guardian Name _____ Day Phone () _____

* Home Address _____ Evening Phone () _____

* Emergency Contact _____ Emergency Phone () _____

* Name of Insurance Company _____ Policy # _____

School Trip Health Information

In the event that the routine medical needs of any student attending the school trip cannot be met by school employees, a licensed nurse may be required to attend. Parents of students with medical needs will be contacted directly by the assigned school nurse. In the event of an accident or emergency, the below information may also be provided to emergency medical providers as needed.

- * Student has no medication(s) and/or needs no medical assistance during this school trip
- * Student requires medication(s) and/or medical assistance during this school trip (*complete information below)
- * Parent/Guardian will be attending the school trip and will provide medication(s) and/or medical assistance for this student

*List all daily and emergency medications (including dosage and time taken) that will be needed during this school trip

Medication	Dosage	Time

Does the student require medical assistance, other than the administration of medication(s)?

Yes No

If yes, describe: _____

List all allergies:

This form must be kept with school officials at all times during the school trip.

BAG LUNCH FORM

Deje que el programa Conexión de Almuerzo empaquete un almuerzo económico y saludable para usted.

Vamos a incluir un sándwich, leche, uno porciones de vegetales, y una fruta.

Nombre del Niño _____

Numero de almuerzo _____

Payment Options

Para estudiantes que reciben el almuerzo gratis por favor ponga el número de almuerzo en la línea de arriba. Para los que reciben el almuerzo reducido de precio oh pagan por su almuerzo y tienen dinero en la cuenta por favor den el número de la cuenta. Para el resto de los estudiantes por favor mande .40 centavos si recibe el almuerzo reducido o \$2.00 si paga por el almuerzo a precio regular.

Retorne esta forma a la maestra lo más pronto posible!

Escoja su tipo de sandwich:

- _____ Deli pavo con queso Sandwich
- _____ Deli jamón con queso Sandwich
- _____ Mami con mermelada Untrustable
- _____ Queso con galletas

Escoja su tipo de leche:

- _____ Skim
- _____ Vanilla
- _____ Chocolate
- _____ Fresa

Fecha del paseo _____

Nombre de la Maestra _____

BAG LUNCH FORM

Let the lunch connection pack a convenient, economical, healthy meal for you.

We will include your sandwich along with milk, one vegetable and a fruit.

Child's Name _____

Lunch Number _____

Payment Options

For students receiving free meals, place your lunch number above. For students receiving reduced or paid meals that have money on account, place your lunch number above. For all other students, send 40 cents for reduced lunch or \$2.00 for full price lunch.

Bring this form back to your teacher right away and we'll make it easy for you to get ready for the trip!

Check your choice of sandwich:

- _____ Deli Sliced Turkey and Cheese Sandwich
- _____ Deli Sliced Ham and Cheese Sandwich
- _____ Peanut Butter and Jelly Untrustable
- _____ Cheese and Crackers

Check your choice of milk:

- _____ Skim
- _____ Vanilla
- _____ Chocolate
- _____ Strawberry

Field Trip Date _____

Homeroom Teacher _____