

# NORTH CAROLINA'S MOUNTAINS FIELD TRIP INFORMATION

November 8, 2018

Dear Parents/Guardians,

Tracks one, two, three, and four will be going on a field trip to North Carolina's Mountains on **Thursday, March 7, 2019**. During the trip students will be participating in academic activities and touring historical sites. We are very excited about this trip and know it will be fun and educational.

The cost of the field trip is approximately \$96.00 per student. The final cost is determined by the number of students and parents going. This cost covers chartered buses for transportation, attractions, and dinner. We also have a personal tour guide for the entire trip!

We will need **parent volunteers to serve as chaperones** for this field trip. The cost for parents is the same as students, \$96.00. If you are interested in chaperoning, please email Mrs. Tyndall @ [ATyndall@wcpss.net](mailto:ATyndall@wcpss.net). We will let parents know who is chaperoning after we see how many students are going. We need to have both **male and female** chaperones. Chaperones will ride on the chartered buses with us and be responsible for a group of students. All chaperones must be approved by Wake County. This can be done by visiting any WCPSS campus and completing a volunteer restoration form.

We want all students on tracks one, two, three, and four to be able to participate in this trip. If you are able to send extra money to help with student scholarships, it would be greatly appreciated.

## PAYMENT INFORMATION

Payment plan:

- Permission slips, behavior contracts, and a non-refundable deposit of \$50.00 are due on or before **November 30, 2018 (track 1) & December 14, 2018 (tracks 2-4)**
- A final payment of approximately \$46.00 is due by **January 11, 2019 (tracks 1-3) & February 1, 2019 (track 4)**.

## PAYMENT OPTIONS:

- Online Payments
  - East Cary Middle School is proud to announce that we have partnered with Online School Payments (OSP) to allow you to begin making payments with a Visa or Mastercard credit or debit card online, using a web browser from any location, 24 hours a day. Please note that there will be a 4% service charge to OSP for each transaction; for example, a \$10 field trip will have a 40 cent service charge.
  - To begin, go to this site: [osp.osmsinc.com/wakenc](http://osp.osmsinc.com/wakenc)
    - Follow these steps:
      - Select on the left Middle School
      - Select East Cary MS
      - Click on the activity you want to pay for:
      - Click "add to cart"
      - Click "checkout"
      - Now you will create your account, and add your student's name and NCWISE number
  - Once the account is created, your information and student name will be saved. However, no credit card information is saved; you will need to enter this each time.

- Ms. Eidson will automatically receive an e-mail letting them know that the payment has been made. Please contact Mrs. Eidson ([seidson@wcpss.net](mailto:seidson@wcpss.net)) if you have any additional questions.

- Pay by Check or Cash.
  - All checks should be made payable to *East Cary Middle School* and turned in to the Media Center on Fridays during Homeroom.

**Individual Refunds:** Payment is considered non-refundable as of **February 15, 2019**; however, Holbrook Field Trips will make every effort to refund individuals who cancel due to illness, hospitalization, injury, or family emergencies. Refunds will not be processed until the trip has departed. In some cases, there may be charges from hotels, attractions, etc. that HFT cannot recover, in which case the amount of the refund may be reduced.

Student travel opportunities and overnight trips are a great privilege. We will only be taking students who **exemplify good decision making** at school. Regardless of payment status, your child may lose his or her privilege to attend. However, we are looking forward to this adventure and appreciate your support!

Sincerely,

The 8<sup>th</sup> Grade Team

**East Cary Middle School  
1 Day Itinerary  
North Carolina Mountains**

**Thursday, March 7, 2019**

**5:15 AM** Buses arrive at school

**5:45 AM** Buses depart school. Rest stop in route.

Arrive at **Grandfather Mountain**.

Group 1: Guided tour of **Grandfather Mountain:**

(GFM staff will divide our group into smaller groups depending on size of group)

**Mile-High Swinging Bridge**

**Habitat Tour**

**Museum**

Group 2: Visit **Linville Caverns**.

(Cavern staff will divide our group into groups of 15)

Lunch brought from home – eat in route.

Group 1: Visit **Linville Caverns**.

(Cavern staff will divide our group into groups of 15)

Group 2: Guided tour of **Grandfather Mountain:**

(GFM staff will divide our group into smaller groups depending on size of group)

**Mile-High Swinging Bridge**

**Habitat Tour**

**Museum**

Depart for school. Fast food dinner stop in route (\$7 cash included)

**7:45 PM** Approximate arrival at school

11/6/2018 8:17 AM



Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303

Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303

यदि आपको प्रक्रियाओं को समझने के लिए नि:शुल्क अनुवाद सेवाएं चाहिए, तो पर कॉल करें (919) 852-3303

학교/교육 과정에 관한 무료 번역 서비스를 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303

如果您需要免费翻译服务来了解学校流程，请致电 (919) 852-3303

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.
I ASSUME RESPONSIBILITY FOR CONTACTING Tyndall/Eidson (TEACHER/SPONSOR) IF THERE IS ANY CHANGE TO MY CHILD'S MEDICATIONS, NEED FOR MEDICAL ASSISTANCE, OR MEDICAL CONDITION AFTER I COMPLETE THE HEALTH INFORMATION ON THE BACK OF THIS FORM
IF THIS FORM IS NOT COMPLETED AND RETURNED BY 12/14/2018 (DATE MM/DD/YYY), THE STUDENT WILL NOT BE PERMITTED TO PARTICIPATE AND WILL REMAIN AT SCHOOL IN A SUPERVISED ACTIVITY

School East Cary Middle School Name of Teacher/Sponsor Tyndall/Eidson

Table with 4 columns: TRIP/ACTIVITY PLANNED, DATE(S) OF TRIP/ACTIVITY\*, PURPOSE OF TRIP/ACTIVITY, TRANSPORTATION (WCPSS Vehicle, Charter Bus/Contract Vehicle, Privately-owned Vehicle\*\*). Row 1: North Carolina Mountains, 03/07/2019, Tour Historical sites & View Habitats, Charter Bus.

\*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

\*\* 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 canceled 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.



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.*
- *If your child's medications, need for medical assistance, or medical conditions changes after completing this form, contact \_\_\_\_\_ (Teacher/Sponsor) and provide updated school trip health information.*

- 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: \_\_\_\_\_  
 \_\_\_\_\_

## **BEHAVIOR GUIDELINES**

1. Students will respect **ALL** adults (chaperones, bus drivers, restaurant employees, museum employees, and other tourists.) If there is a problem, please locate a chaperone immediately.
2. Students must remain under the supervision of the group leader at all times when touring.
3. Be on time for all scheduled events and departures. Itinerary stops are not optional.
4. Be attentive and respectful during presentations.
5. Students must employ the buddy system during periods of free time with permission of the group leader. There is **never** a time when a student should be alone.
6. Students are responsible for keeping buses/vans free of trash. Please use garbage cans/bags and do not leave trash on or underneath the seats. In addition, we will be eating outside for some meals. Students are responsible for cleaning up all trash.
7. No alcohol, drugs, or cigarettes are allowed on the trip. Teachers reserve the right to search luggage and hotel rooms if necessary. Students should not break any laws, including stealing, drug and alcohol use. Teachers will contact the local authorities if needed and will send the student home during the trip if necessary at the family's expense.
8. Students are responsible for their own personal property including money.
9. No cell phones will be used while in the aquarium, museums and visiting monuments.
10. Abide by all school rules.
11. Students will listen to instructions and understand the importance for following them.

***By signing the behavior contract, you agree to all of the behavior guidelines.***

# Behavior Contract

We would like all students to participate, and we would like for all students to be on their best behavior as we are representing East Cary Middle School. A student will NOT BE ELIGIBLE to participate if the following occur after November 8<sup>th</sup>, 2019:

The student has ANY Out of School Suspension (OSS)

\* Parents may be asked to accompany their son/daughter if behavior is a consistent concern\*

I, \_\_\_\_\_, (print student's name) understand that traveling with my classmates is a great opportunity and responsibility. As I travel with my peers, I agree to behave in a mature way at all times. I will respect and abide by the rules of my tour leaders. In addition, I will adhere to local laws. If I break the rules, as determined by my tour leader, I understand that I can be sent home before the end of the trip at the expense of my parent/guardian.

I have read the Behavior Guidelines sheet and agree to the terms.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

***PLEASE RETURN TO Your Homeroom Teacher before November 30<sup>th</sup> (Track 1) & December 14<sup>th</sup> (Tracks 2-4)***

\* For emergency purposes student phone # : \_\_\_\_\_