March 11, 2019

ANNUAL EIGHTH GRADE OVERNIGHT CLASS TRIP

**DATES**: April 16, 17 & 18

**TO**: Washington D.C.

**CHAPERONES**: Mr. Gregorio Maceri

 Mrs. G. Kipp

 Ms. C. Caporrino

 Mrs. A. Turtoro

 Mrs. C. Moreno

**DEPARTURE TIME:**

Tuesday, April 16th at 6:45 a.m. **PROMPTLY** (**Be at school by 6:15 a.m**.)

We need to leave early to get a jump on the traffic.

**CALLING HOME** (**the use of cell phones**)**:**

Students may bring cell phones on this overnight trip. Unless there is an emergency, cell phones are to be

used only with the permission of a chaperone. All students will call home before room check each night.

A cell phone will be made available to them so they can call home if they do not have one. Parents can

call their child at the hotel - ***Embassy Suites, Springfield***

***8100 Loisdale Road, Springfield, VA***

***Telephone: (571) 339-2000***

Please consult the Itinerary for times students will be available.

**CLOTHING:**

Students must adhere to the school dress code. Students are encouraged to dress appropriately taking weather and the amount of walking into consideration.

**LUGGAGE:**

Students are permitted one piece of luggage. Students may carry an additional backpack/bag themselves.

**BUS CONDUCT:**

It is expected that each student heed the advice and instructions of the chaperones. Those who act abusively, or who do not follow the instructions of the chaperones, will be suspended immediately, the parents will be notified and it will be the responsibility of the parent to pick-up their child. (If it becomes necessary to cancel the trip anywhere along the way because of bad conduct, it shall be done.)

**ELECTRONIC DEVICES**

Electronic devices are permitted, but must be listened to with personal earphones. These devices **are not to be used** when the students are being addressed by a tour guide.

**FORBIDDEN ITEMS**:

We shall not permit **SMOKING** or the consumption of **DRUGS** or **ALCOHOLIC BEVERAGES** on the trip. Parents are advised to check the contents of their child's luggage, personal baggage and their person (if necessary) **just before departure**. Gadgets, knives (pocket) etc., are not to be taken on the trip. If any student is not in compliance, the parent will be notified and it will be the responsibility of the parent to pick-up their child.

**HOTEL REGULATIONS:**

All rooms will be pre-assigned. Parents are advised to impress upon their child the seriousness of vandalizing the personal property of others. Naturally, parents can be held liable for any and all damages.

There will be no room visitation after 11:00 p.m. There will be absolutely **NO** visiting in rooms of girls by boys. Likewise, girls are **NOT** permitted to visit boys' rooms.

A security guard will be on duty in the hallway outside the rooms starting at 11:00 p.m. All students will have the phone extension of Mr. Maceri and Mrs. Kipp so that they can call any time during the night if there is a concern/problem.

**COST:**

The 8th grade trip will cost approximately $600.00 per student which will include gratuity for the bus driver. However, because of the efforts of our teachers and the 8th grade parents' fund-raising committee, there will be no direct charge to each student for this trip. The chaperones' trip will cost more but, **WILL NOT** be paid by the money raised by fundraising.

**MEALS AND ITINERARY:**

The meal schedule and itinerary are attached.

**EXPECTED TIME OF ARRIVAL BACK HOME IN SOUTH HACKENSACK:**

Approximately 8:30 P.M. on Thursday, April 18th. If we are scheduled to return earlier, students will be permitted to use their mobile phones in order to notify parents.

**MEDICATIONS AND MEDICATION SLIP:**

Do not have your child carry any medication of any kind on the trip. This includes Tylenol, Advil, Aspirin, Tums, or other over-the-counter medication. If your child has a prescription that requires daily administration, a physician’s note with specific instructions must be completed and submitted ahead of time. Vitamins are not considered essential on this trip. All medication will be kept by Mrs. Kipp. All medication slips **must be submitted by Friday, April 5, 2019. NO LATER!** This is an important matter as preparation is essential. Medication for motion sickness is included in this over-the-counter listing.

**PARENTS:**

Parents are asked to cooperate by reviewing the above with their child. Parents should also provide their child with some spending money.

**PERMISSION SLIPS**:

Parents are also asked to sign the permission slip indicating whether they grant permission or do not wish their child to participate. All permission slips are to be returned to school by **Friday, April 5, 2019**.

Finally, although we cannot guarantee that everything will be perfect, you can rest assured that your children will be in good hands.

Sincerely,

Gregorio Maceri

Superintendent/Principal

**PERMISSION SLIP – 8th Grade Overnight Class Trip**

**PLEASE RETURN BY FRIDAY, APRIL 5TH**

CLASS TRIP: ***Washington D.C.***

***Embassy Suites, Springfield***

***8100 Loisdale Road, Springfield, VA***

***Telephone: (571) 339-2000***

DATES: April 16, 17 & 18

Dear Mr. Maceri:

Having read the entire flyer concerning the annual 8th grade class trip and having discussed it with my

child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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└──┘ I do not wish to have my child participate in this class trip.

NAME OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

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└──┘ I hereby grant my permission to have my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

attend this class trip, and I hereby authorize Mr. Maceri, Superintendent/Principal, or one of the chaperones to arrange for such medical attention for my child as they deem necessary in the event of illness or injury.

NAME OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print Name)

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 (Signature)

|  |  |
| --- | --- |
| **PARENT/GUARDIAN NAME** | **TELEPHONE #** |
| 1. |  |
| 2. |  |