

6th Grade Class Trip To Discovery's



King Tut Exhibit Monday November 29th, 2010

To: Parents/Guardians

From: Bellport Middle School Student Council Advisors

Ms. Falzone, Mr. Kramer, Mrs. Sordyl

Re: 6th Grade Class trip

Date: November 29th 2010

Dear Parents/Guardians,

This year we are happy to announce that our sixth grade trip will be to the King Tut exhibit in New York City. The trip is set for November 29th 2010.

The cost of this trip is \$45 per student. This includes admission to the exhibit, a box lunch, and transportation aboard a coach bus. Permission slips and payments must be submitted by October 28th, 2010. **Checks should be made out to "Bellport Middle School"**. Space is limited, so please send in the payment as soon as possible.

Thank you for your cooperation,
Ms. Falzone, Mr. Kramer,
Mrs. Sordyl



B Gt

SOUTH COUNTRY CENTRAL SCHOOL DISTRICT

FIELD TRIP PERMISSION SLIP

A. **Trip Information:** Destination Discovery King Tot Exhibit
 Location and Phone Numbers 226 W 44th St, NY, NY (646) 619-8603
 Date 11/29/10 Time of Departure from District 7:30 AM
 Date 11/29/10 Time of Return to District 2:30 PM
 Chaperones Student Council and 6th grade teachers
 Class or Sponsoring Club Student Council (BMS)

B. **Insurance Information:** The Certificate of Insurance Student Accident policy now used in the South Country Central School District covers all school sponsored and supervised activities, even those away from the school. This policy provides reasonable and customary benefits for medical expense to a maximum of \$50,000.00 as a result of any one covered accident. The Student Accident policy will pay those covered balances for which benefits are not provided by the parent's primary insurance carriers in excess of \$25.00. These insurance payments are secondary and based on usual and customary charges within the limits of the policy.

C. **Permission Slip:** I hereby give my son/daughter _____ permission to participate in the above trip; sponsored by South Country Central School District. I understand that the above mentioned insurance coverage applies only to currently enrolled students of South Country Central School District.

D. **Student Academic Responsibility:** I am aware that my son/daughter is responsible for any academic work missed during the trip.

Date: _____ Signature Parent/Guardian: _____
 Address: _____
 Telephone: _____ Emergency number: _____
 Emergency Contact Name: _____

(To be taken with chaperones on trip – MUST BE FILLED IN COMPLETELY)
 Emergency Medical Treatment Release: In case of an emergency, I hereby give permission to the adult supervisor on the field trip to secure proper medical treatment, including hospitalization, if necessary for my child, _____

Date of last tetanus shot: _____ Unusual medical conditions including allergies to medication: _____

Date: _____ Signature of Parent/Guardian: _____
 Telephone: _____ Emergency name & phone: _____