

# 8<sup>th</sup> GRADE *Universal Studios* "GRAD NITE" TRIP

## May 18, 2018

### Parents and Students,

Universal Studios will open exclusively for graduating 8th grade students the night of May 18, 2018. Celebrate this milestone with tons of cool coasters, rock out to hot DJs and live entertainment during this safe and fun event. This special night offers the thrill of TRANSFORMERS: The Ride-3D, Harry Potter and the Forbidden Journey™, the Incredible Hulk Coaster®, The Simpsons Ride™, and Hollywood Rip Ride Rockit® coaster. High-energy DJs and dance parties in the streets of *Universal Studios* will amp up the celebration, and dinner is included with admission. Please read the information below thoroughly and sign/fill out **BOTH SIDES** of ALL of the permission slips.

### **TICKETS:**

Ticket cost is \$140.00. This includes a ticket to the event (both parks), a charter bus seat, t-shirt, and a dinner voucher for inside the park. We will begin selling tickets for this event **January 31, 2018**. We will not collect money before that date. Payments can be made one of two ways:

- Option 1: Pay In Full on **January 31, 2018**
- Option 2: Payment Plan
  - Down Payment of \$50 Due **January 31, 2018**
  - 2<sup>nd</sup> Payment of \$45 due no later than **February 16, 2018**
  - Final Payment of \$45 due no later than **March 14, 2018**
  - All payments must be made no later than the due date or the student will lose their seat and money will be refunded.

Tickets will be sold on a **first come first served basis**. In order for students to reserve a seat, they must have the following:

- Full payment or \$50 down payment in **CASH ONLY**. No personal checks will be accepted.
- All information must be filled out in the **Parent Permission Form, Field Trip Parent Permission Form, and the Medical Information**.

### **DEPARTURE/ PICK-UP**

May 18, 2018 is a regular school day. Buses will depart Lexington Middle School after lunch. Buses will return at approximately 3:00 AM the next morning to Lexington Middle School. There will not be any drop offs at any other locations. **Parents must provide transportation home from Lexington Middle School at 3:15 AM.** Students will not be allowed to walk or ride a bike home. Students will not be allowed to ride home with other students without the attached form signed by a parent.

### **CHAPERONES:**

Chaperones will accompany students to Universal Studios. Please read the district's permission form to understand the policy and duties of the chaperones. At this time, no additional chaperones are needed.

### **DISCIPLINE:**

Students who receive referrals for Level II or III offenses from January 31<sup>st</sup> through May 18<sup>th</sup>, that result in OSS or ISS the day of the trip will not be allowed to attend this event.

### **Administration reserves the right to remove students from this trip based on discipline**

**referrals. Refunds will be issued only if the seat can be filled.** All students are held accountable to the Lexington Middle School Discipline Policy and Code of Conduct. In the unfortunate event that any student engages in illegal activity at Universal Studios/Islands of Adventure, their parents or guardians will be notified by telephone and will be required to drive to Universal Studios to pick them up. There will be no exceptions to this policy.

### **FOOD/ SPENDING MONEY:**

A dinner voucher will be provided for students to use inside the park. Students may want to bring extra spending money for additional snacks and souvenirs. Students must keep all personal articles with them on the bus, as the school will not be opened upon return.

If you have any questions, please don't hesitate to call us at 454-6130. I hope you will join us for this exciting event! If you have any additional questions please contact Christina Mclean, Jessica Stafford or Anissa Drzymala

**Students will be asked to choose their bus color when they make the first payment along with the parent Permission Form, Field Trip Parent Permission Form, and the Medical Information. Students will pick one of the following bus colors: orange, yellow, green blue or pink.**

**Please keep this form for your information.**

Return with Payment



The School District of Lee County  
FIELD TRIP PARENT PERMISSION FORM



Student's Name:	School: Lexington Middle
Date(s) of Field Trip: 5/18/18	Teacher/Sponsor: Lexington Middle
Destination of Field Trip: Universal Studios Orlando, FL	
Departure Time: 12:00 pm (5/18/18)	Return Time: 3:15 AM (5/19/18)
Purpose of Field Trip: 8 <sup>th</sup> Grade Gradventure	

During this field trip students will be exposed to the sun. Parents/guardians should insure that sunscreen is applied before students leave home.

- > **School Rules**—All school rules apply while students are on a field trip. Should your child choose to break a rule, you may be contacted to pick him/her up immediately. All field trips shall be tobacco and alcohol/drug free.
- > **Homework/Classwork**—Students are responsible for requesting any homework and/or classroom assignments they miss while on a field trip and for making up/completing that work.
- > **Appropriate Dress**—Students and chaperones are expected to dress according to the type of field trip planned. Appropriate dress for this trip is:

**READ AND SIGN THE NOTICE TO PARENTS/GUARDIANS ON THE BACK OF THIS SHEET AND RETURN TO YOUR CHILD'S TEACHER/SPONSOR BY: January 31<sup>st</sup>**

**Special Needs (check one):**

My child has a medical condition and/or medication of which the school should be aware, which I have explained by completing the Medical Information Form (attached).

My child has NO special needs for this trip.

**In case of an emergency during the field trip, the teacher/sponsor can reach me at (print telephone number and name of person to be called):**

Return with Payment

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN**

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF Lexington Middle (school name), ITS AGENTS AND EMPLOYEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM Lexington Middle (school name) ITS AGENTS AND EMPLOYEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND Lexington Middle (school name) HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM. Section 744.301, Florida Statutes

*I do hereby release and hold harmless the School District of Lee County and all of its employees from any liability or injury to my child's person or property incurred during the course of this field trip which is not the direct result of willful action or culpable negligence by the School District or its employees.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Return with Payment



The School District of Lee County  
FIELD TRIP MEDICAL INFORMATION



Your Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Name and # of Medical Plan: \_\_\_\_\_

Doctor's Name and Phone #: \_\_\_\_\_

List any ailments, disabilities, health issues or problems involving your child which might affect his/her participation in the field trip:

Asthma \_\_\_\_\_ Ear Infection \_\_\_\_\_ Sleepwalking \_\_\_\_\_  
Allergies \_\_\_\_\_ Epilepsy \_\_\_\_\_ Sinus \_\_\_\_\_  
Bronchitis \_\_\_\_\_ Heart Disease \_\_\_\_\_ Other \_\_\_\_\_

Please explain any checked items needing clarification (e.g., "Allergies" or "Other"): \_\_\_\_\_

**All medication is to be administered by the trip supervisor or teacher/staff chaperone. Medication must be clearly labeled with the student's name, the name of the medication, what it is to be used for, how it is to be given, the quantity to be given, and the time(s) of day/night it is to be given. Only the amount of medication required for the duration of the trip should be provided.**

Name of medication: \_\_\_\_\_

What it is to be used for: \_\_\_\_\_

How it is to be given: \_\_\_\_\_

Quantity and times to be given: \_\_\_\_\_

Comments: \_\_\_\_\_

By my signature below, I am requesting that the trip supervisor or teacher/staff chaperone administer this (these) medication(s) as directed above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

**IN CASE OF EMERGENCY: I hereby request the physician/emergency team selected by the trip supervisor to provide treatment for my child named above.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IF PARENT/GUARDIAN CANNOT BE REACHED IN AN EMERGENCY, PLEASE CONTACT:**  
(please print clearly):

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**Return with payment**

# Parent Permission Form

My child, \_\_\_\_\_ has permission to travel with Lexington Middle School via charter bus to Universal Studios, on May 18, 2018, leaving after lunch, returning at 3:15 A.M on May 19, 2018.

**I have read all of the rules stated on the accompanying "Information Letter" and agree to abide by the terms. I understand that if I lose my seat due to a disciplinary action, I will not receive a refund.**

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

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

**Emergency Telephone Numbers:**

Parent Cell: \_\_\_\_\_

Other: \_\_\_\_\_

**My child will be picked up by:**

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

**WE WILL BE RETURNING AT APPROXIMATELY AT 3:15 A.M.  
TO LEXINGTON MIDDLE SCHOOL,  
PLEASE BE PROMPT WHEN PICKING UP YOUR STUDENT.**