

Dear Parents of Sixth and Eighth Grade Students,

October 2018

Each year, the sixth and eighth grade students from Center Moriches Middle School go on a three day-two night trip. The Center Moriches sixth grade trip is to the Frost Valley YMCA camp located in the Catskill Mountains and the eighth grade trip is to Washington, D.C. Both trips have been a Center Moriches tradition for more than thirty years, and we hope that your child will be able to participate in these wonderful educational experiences. On **Tuesday, November 27, 2018** there will be an informational meeting for these trips in the LGI. The Frost Valley meeting will be at 6:00 pm and the Washington, D.C. meeting will be held at 6:45 pm. If you have any further questions regarding these trips, please feel free to contact us directly.

The costs of the trips are as follows:

*The Sixth Grade Frost Valley trip will cost \$350.00.

*The Washington, D.C. trip will cost \$400.00.

To that end, we are asking that a \$150.00 deposit/first payment and permission slip below be brought to the Middle School by **Monday, January 7th** in the form of either a check or money order made payable to *Center Moriches Middle School*. All medical forms must be returned and signed by your child's physician in order for your child to attend the trip.

Payment Schedule

	<i>DC Payment</i>	<i>FV Payment</i>	<i>Payment Due Date</i>
Deposit/First Payment	\$150.00	\$150.00	January 7, 2019
Second Payment	\$150.00	\$100.00	February 11, 2019
Final Payment	\$100.00	\$100.00	March 11, 2019

**Please note: Payment in full can be made early at any time. Only checks or monday orders will be accepted.*

Dates

Informational Meetings

November 27, 2018

Frost Valley

May 8, 2019 – May 10, 2019

Washington, D.C.

May 21, 2019 – May 23, 2019

For parents of sixth grade students, you can find more information about Frost Valley at www.frostvalley.org, or you may want to talk to any of the thousands of students and alumni from Center Moriches who went to Frost Valley and Washington, D.C. in years past. We are sure you will find that these experiences are ones that they all still cherish.

Sincerely,

Brad Turnow

Taryn Glynn

Chris O'Brien

Lawrence Voelger

Brad Turnow
Advisor, Frost Valley

Taryn Glynn
Advisor, Frost Valley

Chris O'Brien
Advisor, Washington, D.C.

Lawrence Voelger
Advisor, Washington, D.C.

My child _____ has my permission to attend the field trip to: *(please circle one)*
(name)

Frost Valley May 8, 2019 – May 10, 2019

Washington, D.C. May 21, 2019 – May 23, 2019

Full Student Name _____ Grade _____ Today's Date _____

Parent/Guardian Name (print) _____ Parent/Guardian Phone Number _____

Parent/Guardian Signature _____ Student Signature _____

***We understand that attending field trips is a privilege, not a right, and that academic, attendance, and discipline records are all reviewed when determining student eligibility. I have read and understand the eligibility procedures printed on the back of this permission slip.**

Russell J. Stewart
Superintendent of Schools

Center Moriches Middle School

311 Frowein Road Center Moriches, NY 11934
Phone: (631) 878-2519 Fax: (631) 878-0362
www.cmschools.org

Melissa L. Reggio, Ed. D.
Principal

Linda M. Greening
*Dean of Students, Director of
Guidance, & Coordinator of Grants*

Field Trip Procedures

At Center Moriches Middle School, we understand that participation in a field trip is a privilege, not a right. Three components are considered when determining eligibility on school trips. These three components are academics, behavior and school attendance. If any one of the following scenarios is present, the student will be ineligible to attend the field trip.

Academics - Failing two or more major subjects

Behavior – In school suspension or out of school suspension during the school year of the trip

Attendance – Excessive unexcused absences – Chronic absence is defined as missing 15 percent or more of the school year

If a student wishes to appeal their eligibility status, they may do so by submitting their appeal in writing to the Principal at least one month prior to the trip. The student should include a written statement as to why they believe their status of ineligibility should be overturned. This appeal will be brought before a faculty council (including but not limited to: an administrator, guidance counselor, grade level teachers, class advisor, and field trip advisors), where the student will be asked to present their case. The faculty council will make a determination after reading and listening to the appeal. A decision will be returned to the student within three school days. Students that have received multiple suspensions are ineligible for the trip and are not able to appeal.

Center Moriches Middle School strives to celebrate diversity in a student-centered learning environment that is rigorous and relevant, while developing inquisitive, compassionate students who appreciate and contribute to the world in which they live - one student, one classroom, one interaction at a time.

STUDENT HEALTH FORM
Center Moriches Middle School
Washington, D.C. Field Trip
May 21-23, 2019

Student Last Name _____	First Name _____	Date of Birth _____
Parent/Guardian's Name _____		
Phone Number: (home) _____	(work) _____	(cell) _____
Home Address _____		
Family Physician _____	Phone _____	
Insurance Company _____	ID# _____	
In an emergency, if unable to reach parent/guardian, contact:		
Name _____	Phone _____	
Name _____	Phone _____	

Health History:(please check all that apply and explain):

<input type="checkbox"/> Asthma	<input type="checkbox"/> Glasses/contact lenses	<input type="checkbox"/> Heart disease/defect
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eating disorders	<input type="checkbox"/> Nose bleeds
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Respiratory disorder	<input type="checkbox"/> Ear infections
<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Sleep walking	<input type="checkbox"/> Chicken pox
<input type="checkbox"/> Headaches	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Other

Explanation of items checked above:

Known allergies (including food or drug): _____

Diet Restrictions: _____

Date of Last Tetanus Shot: _____

Please document below the student's regimen for both scheduled and "as needed" medications routinely received by the above noted student. Please continue on the back of this form if more space is needed.

PRESCRIBED MEDICATION	ROUTE	DOSAGE	Schedule *Be Specific*	COMMENTS

The above-stated student may self-carry the following items and/or medications (circle all that apply):

an Epi-Pen Albuterol Inhaler Proventil Inhaler Insulin Pump Pens Other: _____

The above noted "self-carry" items/medications are permitted for the indicated minor at all times. He/she has been instructed by the physician and acknowledges the proper understanding of the purpose/frequency, and appropriate method of use of these items and/or medications. Please note: If you would prefer, the above medications can be carried by our school nurse throughout the duration of the trip.

In the event we cannot contact you, the following authorizes treatment for your child: I, the undersigned, being the parent, legal next of kin, or legal guardian of the above-stated student, hereby authorize any necessary medical treatment for this student while participating in the class trip to Washington D.C. on May 21-23, 2019. I guarantee payment for services rendered.

Parent/Legal Guardian's Signature _____ Date _____

Physician/Health Care Provider's Signature _____ Date _____ Stamp _____