



SPOTSWOOD MEMORIAL SCHOOL



GRAHAM PEABODY
ACTING SUPERINTENDENT

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BRIAN KITCHIN
PRINCIPAL
BKITCHIN@SPSD.US

April 23, 2018

Dear Parents/Guardians:

This year, the sixth grade trip will be on **Tuesday, June 5, 2018**. Students will leave Memorial at approximately 8:30 a.m. for **Adventure Aquarium** in Camden N.J. Students will return to Memorial in time for the dismissal at 2:16 p.m.

The cost for the day will be **\$22.00**. This includes transportation and activities. **Students will need to bring a bag lunch for this trip.** Glass bottles are not permitted.

Please complete the entire attached permission/emergency form with payment by check for **\$22.00**, made payable to **Memorial Middle School**. The permission/emergency form and check of **\$22.00** must be returned to Ms. Bromberg on or before Friday, **April 27, 2018**.

We encourage all students to attend this trip for a valuable learning experience. However, students will not be allowed to go on the trip without the Field Trip Permission Forms filled out and signed by the student and their parent/guardian.

Should your child be unable to attend this field trip after their money has been turned in, a total reimbursement cannot be guaranteed.

Sincerely,

Brian Kitchin
Principal

Cc: BK/jml

SPOTSWOOD PUBLIC SCHOOLS PARENT FIELD TRIP/CLASS TRIP PERMISSION FORM

This section must be signed by the parent in accordance with district policies (2340 and 5850). No student will be permitted to go on the trip unless the completed permission slip is submitted.

1. All policies in effect for in-school behavior (5600) will be applied to the trip.
2. No student will leave the field trip or group activity at any time without permission of the teacher in charge.

I hereby agree to the arrangements, rules, and regulation which have been provided to me and give consent for my child, _____ to go on the trip	
<i>(print child's full name)</i>	
to _____	_____
<i>(destination/address/city/state)</i>	
on _____	from _____
<i>(day/date)</i>	<i>(timeframe)</i>

Out-of-district trip - buses will be utilized

In-district walking trip - buses will only be utilized in inclement weather

New Jersey Administrative Code (N.J.A.C. 6A: 16-2.1) requires the Spotswood School District to have a written policy (5310) for the care of any student who becomes injured or ill while at school or during participation in school-sponsored activities. The following consent must be signed by the parent so that emergency procedures may be promptly carried out.

I understand that in case of illness or accident, I will be notified immediately. This permission is for emergency care only in the event school district officials are unable to reach me or my designee. This permission is revocable at any time.

I hereby consent to authorize the nearest appropriate medical facility and the physician in charge to carry out emergency treatment or diagnostic procedures as deemed necessary or advisable on my child.

I further understand that I must arrange for my child's transportation home if his/her health makes him/her unable to complete the field trip/class trip.

Parent Name (please print)

/

Parent Signature (please sign and date)

**SPOTSWOOD PUBLIC SCHOOLS
FIELD TRIP/CLASS TRIP EMERGENCY FORM**

Name of Student: _____ Date of Birth _____

Address: _____

Home Telephone Number: _____

Mother's Work Telephone Number: _____

Father's Work Telephone Number: _____

Cell Phone: _____

If parent cannot be reached, please list the name and phone number of a relative or friend who can be reached in case of an emergency:

Name (relative or friend): _____

Address: _____

Telephone: _____

Does your child wear contact lenses? Yes No
Is your child on medication? Yes No If yes, contact the school nurse

Does your child have any allergies? Yes No If yes, indicate: _____

Is there any other information we should know about your child? _____

Did you purchase school accident insurance for this school year?

School Time Plan Yes No
Full-Time Plan Yes No

Medical Insurance Carrier: _____

Medical Insurance Number: _____

Is insurance authorization required prior to any treatment? Yes No

If yes, list number and contact person: _____

Name of family doctor: _____ Telephone _____