



Bexley Middle School 8th Grade Washington DC Trip

April 28 - May 1, 2020

This trip is planned and executed through the MS office to make the trip as cost effective as possible. Other schools in central Ohio typically charge \$700+ for this trip. Bexley MS PTO's ongoing support of this trip has allowed us to keep this affordable and provide financial assistance for anyone in need.

The price of the trip is **\$550.00**. You are encouraged to use the EZ Pay system if possible. If you prefer to pay by check or cash, you should send your payments to the MS office. All checks should be made out to **Bexley Middle School**.

Be sure to include your **student's name** on the check.

Payment plan for Washington, DC

Deposit - **\$200.00**

Due no later than November 1, 2019

1st payment - **\$200.00**

Due no later than December 15, 2019

2nd payment - **\$150.00**

Due no later than February 15, 2020

Bexley Schools values educational experiences outside of the classroom. We encourage and welcome all students to engage in activities and believe financial need should not be a barrier to full participation. If your family is in need of support, please contact Jason Caudill, Brooke Smith, Tara Louys, or Sarah Busold.

A payment plan can be established for all other financial assistance needs. Please contact Mr. Caudill, Middle School Principal, should you need financial assistance.

The cost of the trip includes:

- Transportation via charter bus to and from Washington, D.C.
- Transportation in Washington, D.C.
- All admissions to buildings and presentations
- 3 nights lodging (4-5 students to a room)
- 10 meals
- School Staff Chaperones
- Night Supervision
- All taxes and gratuities

Washington, DC
Bexley Middle School
Parent/Student Handbook

This booklet has been compiled to help answer some of the questions you may have about the trip to Washington D.C. It contains valuable information for you and your student. **Please read through it carefully!!**

What time do I leave?

Students should arrive no later than 6:15 A.M. Chaperones will check student bags prior to loading.

The buses will leave Bexley Middle School at approximately 7 A.M. Monday morning. You may also bring one carry-on bag. The carry-on bag should be of moderate size, as it must fit in the overhead compartment on the bus. **Please do not park your car on the east side of Cassingham Rd when you are dropping off your student because we need this area to stage our buses.**

Where will I be staying?

Hyatt Place Chantilly/ Dulles Airport-South
4994 Westone Plaza
Chantilly, Virginia, United States, 20151
(703) 961-8160

How much money should I take with me?

The only money you will need is for souvenirs. We suggest that you bring no more than \$50.00.

When will I return?

We will attempt to arrive at Bexley Middle School at approximately 9:00 P.M. Friday. **Please do not park your car on the east side of Cassingham Rd when you are picking up your student because we need this area to stage our buses.**

How can my parents reach me in case of an emergency?

We will be in touch with the Middle School office each day. Your parents may call the school at (614) 237-4277 during school hours or leave a message at the hotel after school hours. You may also choose to send a cellular phone with your child but the safety and security of the phone rests entirely upon the student. Students are not permitted to use hotel room phones.

What about the school I miss?

School will be in session while we are gone. You will not be marked absent on those days because you are on a school trip.

What should I take with me?

To provide space for everyone's luggage, you are limited to **one** suitcase and one carry-on bag. Be sure your name is on it.

A suggested checklist for packing:

- ____ Personal hygiene items example (comb/brush, deodorant, makeup, toothbrush/paste, lotion, retainer cases, shampoos/conditioners, eyeglasses, contacts/cases, hair ties)
- ____ Personal clothing/Sleepwear (underwear etc.)
- ____ Rainwear (jacket/poncho and or umbrella)
- ____ Comfortable shoes for walking in. (Flip flops should be used only in the hotel)
- ____ At least 4 pairs of socks
- ____ 3 nice, casual outfits (Wednesday, Thursday, and Friday) for touring government offices, memorials, monuments, and restaurants.
- ____ Appropriate dress for a dinner cruise. “Collared shirts for men. For women, cocktail wear, a dress or dressy-casual attire. Dark or dressy jeans are acceptable. **NO** casual jeans, tee-shirts, or flip flops. It can be cool on the water at night.”
- ____ 1 pair of jeans in case it is a cool day while touring
- ____ Sunglasses/Sunscreen
- ____ Medications (Only those listed on your medical form)
- ____ Small bag to carry items while touring (phone, wallet, id, etc.)
- ____ Spending money (no more than \$50)
- ____ Water must be in a plastic container/**NO GLASS CONTAINERS-for BUS SAFETY**
- ____ Cameras or camera phones (chargers) (**Be sure your name is on it**)
- ____ Music Devices with headphones for the ride to and from Washington, not while we are touring.
- ____ A watch or device that has a clock!! (**Time is important**)
- ____ Hotel address and phone number/itinerary (provided by your chaperone prior to departure)

*****Expensive items are your responsibility. The chaperones will not be responsible for lost equipment, jewelry, or money. Do not leave valuables unattended on the bus or in the hotel.**

What are my responsibilities on this trip?

Everyone wants this trip to be FUN ☺. All it takes is cooperation and consideration. Remember, this is a school function, so all school rules apply. Students must do what they are told at all times. **All of the rules have been established to ensure the safety and well being of every student. That is our main concern.** Our other concern is for the people around us. You represent Bexley City Schools, and we want to be proud of our students in attendance on this trip. We want to ensure that our students do not interfere with any other person's enjoyment of Washington D.C.

On the bus:

Stay in your seat at all times. On the trip to and from Washington D.C., you may listen to your headphones or talk as long as you are not disturbing anyone. While touring, you will not be allowed to listen to your headphones. You will need to listen to the tour guides. They give important information from place to place. Remain seated each time the bus stops until you receive directions from your chaperone.

In the hotel:

While in the hotel, you will be in your own room only! Other students' rooms and other parts of the hotel are off-limits. Students are not to use the hotel phones.

A Security guard will monitor the halls during the night. You must stay in your room, and it is a good idea to keep the dead-bolt lock on at all times. Remember that there are other guests in the hotel and act accordingly. Music, TV, and talking must not be too loud.

Any damages or items taken out of the room will be charged to you!

While touring:

Be polite and considerate of others. Listen to the tour guides or any other people giving you information or instructions.

Use the "**buddy system.**" Do not wander off alone. **ALWAYS STAY WITH THE GROUP. YOU WILL NOT BE PERMITTED TO TOUR ON YOUR OWN!** Stopping to buy food/souvenirs or using the restroom/getting a drink on your own may separate you from the group.

WASHINGTON, DC Health/Medication Form 2020

How to fill out the attached form:

Section A: If your child has a prescription medication that needs to be given during the trip, Section A **must be filled out by Physician and signed by parent/guardian.** Area for multiple meds.

*Prescription medication must be in the original container, clearly labeled with the student's name, name of medication and dosage. If you need an extra labeled container, your pharmacist can provide you with one. DO NOT send medication in a baggie or envelope.

Section B: If your child has an Epi Pen or an inhaler, please indicate in appropriate section. We will use forms already at school if we have them. If we do not have forms at school, we will need those filled out. They are available from the nurse.

Section C: This section should be signed if you would like the nurse to give a non-prescription medication (that we bring or you can supply) as needed. Or if you want a med that is not listed, you will need to provide it. This medication must be in the original container, clearly labeled with the student's name.

Section D: Please indicate here if you would like the nurse to call you for any Health Concerns.

If student needs medication, the exact amounts of prescription medications and/or non-prescription medication in their original containers with Dr. Name, medication, dose and times, must be into the clinic by: April 15, 2019.

MEDICATION CANNOT BE ACCEPTED AS YOUR CHILD IS GETTING ON THE BUS

We will keep all medications with us in a central location. The exception to this would be medication such as inhalers or Epi Pens that students need to carry or be given to the chaperone to carry.

Please call if you have any questions or last minute medication changes or additions.

Thank you.

Amy Poling R.N. Office: 237-4309

WASHINGTON, DC 2020 HEALTH/MEDICATION FORM

Student Name _____

This form and any medications need to be in the clinic ON or BEFORE : April 15, 2020

Section A: Physician Request for the Administration of Prescription Medication

#1 _____
(medication) (dosage) (am, pm, as needed, other)

Reason for giving med (i.e. diagnosis, health concern): _____

Possible side effects: _____

Special administration or storage instructions: _____

#2 _____
(medication) (dosage) (am, pm, as needed, other)

Reason for giving med (i.e. diagnosis, health concern): _____

Possible side effects: _____

Special administration or storage instructions: _____

#3 _____
(medication) (dosage) (am, pm, as needed, other)

Reason for giving med (i.e. diagnosis, health concern): _____

Possible side effects: _____

Special administration or storage instructions: _____

Physician Name (print): _____ **Phone:** _____

Physician Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

WASHINGTON, DC 2020 HEALTH/MEDICATION FORM

Student Name _____

This form and any medications need to be in the clinic **ON or BEFORE: April 15, 2020**

Section B: Epi Pen and/or Inhaler

EpiPen: Allergy _____ Self carry ___ Chaperone carry ___ Both ___ Auth. form on file ___

Inhaler: Allergy _____ Self carry ___ Chaperone carry ___ Both ___ Auth. form on file ___

Parent Signature _____

Doctor Signature _____ **(if no form on file)**

Section C: Non-Prescription Medication – *No need to sign again if filled out in Oct, 2018. Use if any changes needed or any non-prescription medication your child takes that’s not mentioned below.*

I GIVE PERMISSION for the following medications to be administered AS NEEDED if requested by student & judged helpful by school personnel: acetaminophen, ibuprofen, over the counter decongestant, Claritin, Robitussin, simethicone gas relief, Immodium, Benadryl, Dramamine, and cough drops.

Parent Signature: _____ Date: _____

This section should be completed if you would like a non-prescription medication not listed in Section C above to be administered.

(medication) (dosage) (am, pm, as needed, other)

(medication) (dosage) (am, pm, as needed, other)

Parent Signature _____

Section D: I would like a nurse to contact me before the trip about health concerns. Yes ___ No ___

Name (print) _____ Phone () _____

8th Grade Washington, DC Trip Commitment Form
Due no later than November 1, 2019



Student's Name: _____

PAYMENT

_____ I plan to have my student attend. Attached is my \$200.00 deposit.

_____ I plan to have my student attend and would like more information about financial assistance/
payment plans. My anticipated need is \$ _____.

_____ My student will not be attending the Washington, D.C. Trip this year.

ELIGIBILITY

The eighth grade students typically visit our nation's capital during the school year. Students that wish to attend must make themselves aware of the following trip guidelines:

1. Below average grades which are the result of not completing work, not putting forth effort, or other qualities that reflect a lack of responsibility, will lead to an individual decision about your ability to handle the trip will be made by a committee which includes the principal and teachers. The principal reserves the right to make the final decision on whether a student will be denied a trip.
2. Once a student has accumulated five (5) school detentions, an in-school suspension, or an out-of-school suspension, there will be an informal hearing with the parents and student to determine the student's ability to handle the trip. At this time a behavior contract will be written to allow the student one last opportunity to prove he/she is capable of maintaining discipline on this trip. The principal reserves the right to make the final decision on whether a student will be denied a trip for not fulfilling this contract.
3. Attendance and tardiness may be a factor in denying trip privileges at the discretion of the BMS principal.
4. You must be free of severe medical problems, which may endanger others. A doctor's note may be requested by the principal if there is uncertainty about the student's health. Examples:
 - a. Chronic illness which has caused excessive absences from school
 - b. Infectious illness

(Continued on back)

Student's Name: _____



Non Prescription Medication

I GIVE PERMISSION for the following medications to be administered AS NEEDED if requested by student and judged helpful by school personnel: acetaminophen, ibuprofen, over the counter decongestant, Claritin, Robitussin, simethicone gas relief, Imodium, Benadryl, Dramamine and cough drops.

Parent/Guardian Signature: _____ Date: _____

I DO NOT GIVE PERMISSION for my student to take the above medication.

Parent/Guardian Signature: _____ Date: _____

PG-13 Movie Permission (Bus rides)

The charter buses are equipped with TV/ DVD players and we often show movies to pass the time. It is a challenge to find movies at the student's interest level which meet our board policy of G. By giving your permission, your student will be able to watch movies with a PG-13 rating. All movies will have been previewed by chaperones and they most commonly carry the rating for strong language.

We choose popular movies with wide appeal and/or those that relate to some aspect of the trip. Some of the titles we anticipate showing are: Avengers, Forrest Gump, The Giver, The Blind Side, etc. You can contact Mr. Caudill with any specific concerns/ limitations you have.

I GIVE PERMISSION for my student to watch PG-13 movies on the bus.

Parent/Guardian Signature: _____ Date: _____

I DO NOT GIVE PERMISSION for my student to watch PG-13 movies on the bus. Other options will be provided to their bus.

Parent/Guardian Signature: _____ Date: _____

EXTENDED EDUCATION TRIP, STUDENT APPLICATION



Name _____ Grade _____ Age _____

Student Address _____

Student Cell (If Applicable) _____

Name of Parent/Guardian _____

Home Address _____

Home Phone _____ Cell Phone _____

In the case the parent/guardian cannot be reached, the following person should be contacted:

Name _____

Relationship to the Student _____

Home Phone _____ Cell Phone _____

***NOTE: Emergency Medical Authorization Form on file will be used unless you provide a new one.**

AGREEMENT AND ACKNOWLEDGMENT

The undersigned student and parent or guardian agrees and acknowledges that the trip for which application is made is a school-approved trip, that the student will be subject to the supervision of a teacher, other staff member or other adult on the trip, and that the school's usual conduct rules apply during the entire trip, as well as rules the adult(s) establish specifically for or during the trip.

The undersigned student and parent/guardian agrees that the sponsor/advisor has discretion to determine whether, when and how a student may be sent home for violating rule(s) of conduct. The parent/guardian will cooperate with the sponsor/advisor or other school personnel in getting a student home. The parent/guardian assumes complete financial responsibility for all additional costs associated with sending the student home.

Student's Signature

Parent/Guardian's Signature

Date

Date