

## **Class of 2011 ~ Senior Class Trip**

The Bangor Township School Board is allowing the class of 2011 to pursue a senior class trip to Disney World in Orlando, Florida. Seniors will be departing from Flint Bishop Airport on Friday, May 13, and returning on Monday, May 15. While at Disney, students will be staying at one of the All Star Resorts and will have the opportunity to visit several of Disney's theme parks.

The cost of this trip will be approximately \$800. This cost includes air flight, hotel accommodations, a two day park hopper, admission to Blizzard Beach/Typhoon Lagoon, admission to Disney Quest, admission to Grad Night 2011, transportation to Grad Night, one dinner at the Rainforest Café, and one dinner at Planet Hollywood. Fundraisers are available for anyone who would like to participate. We are tentatively planning for one fundraiser per month (no fundraising will take place during the summer months).

**A minimum deposit of \$150 is due by Friday, March 26, 2010.** This deposit includes a non-refundable \$75.00 deposit for the Disney package and a non-refundable \$75.00 deposit for airfare. Anyone who has their deposits turned in by this date will be eligible for a free class trip drawing. Details concerning the drawing can be found on page two. Any deposits made after this time **will not** be eligible for the free trip and trip prices may not be guaranteed.

All deposits are non-refundable. In the event that Bangor Township Schools must cancel the trip, the deposit and all other payments will be refunded. Fundraised money will not be refunded in cash, but can be transferred to another school account.

Students who attend this trip are expected to behave appropriately at all times. This is a school sanctioned trip; therefore, school rules and policies stated in the school handbook will be in effect and enforced for the entirety of this trip. Administration reserves the right to exclude students from this trip, on the basis of grades, behavior and/or attendance.

A parent meeting will take place on Tuesday, February 23, at 6:00 P.M. in the high school library. If you are unable to attend or have any questions or concerns, feel free to contact me at school at 684-7510 ext. 249, or e-mail me at [hoffmans@bangorschools.org](mailto:hoffmans@bangorschools.org).

Attached to this letter you will find a permission slip and a medical release form. Both pages must be completely filled out and turned in, along with your \$150 deposit, by Friday, March 26, 2010.

Thank you,

Shelly L. Hoffman  
Student Senate Advisor

# 2011 Senior Class Trip Payment Schedule

<b>Date Due</b>	<b>Amount Due</b>
March 26, 2010	\$150
April 30, 2010	\$100
May 28, 2010	\$100
September 24, 2010	\$100
October 29, 2010	\$100
November 26, 2010	\$100
December 17, 2010	\$100
January 28, 2011	\$50
<b>TOTAL DUE</b>	<b>\$800</b>

- **Checks need to be made out to John Glenn High School**
- **All payments need to be made on time**
- **You may pay more than the minimum each month**
- **Please try to avoid making payments in cash. If you have no choice but to pay in cash, please place money in a sealed envelope.**

## Free Trip Drawing

- All deposits are nonrefundable after March 26, 2010
- The Initial deposit of \$150 will not be returned to the free trip recipient – all other payment will be refunded
- Free trip is worth the package cost of the trip (approximately \$650)
- Drawing winner will not receive fundraised money in cash - Money earned will stay in class trip account or can be transferred to another school account if earned individually
- Free trip drawing will take place at our 2010 Homecoming pep assembly

**Please completely fill out this form and the medical release form on the back, and return it along with your deposit of \$150.00 by Friday, March 26, 2010**

My child \_\_\_\_\_ has my permission to attend the senior class trip to Walt Disney World in Orlando, Florida from May 13 -15, 2011. I have received and read the information that was attached to this permission slip and understand that my child may not be allowed to participate due to attendance or discipline issues. My signature below attest to my understanding and acceptance of all the provisions set forth.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Senior Class Trip ~ 2011  
Code of Conduct**

Each senior going on the trip to Orlando must sign this policy. Failure to sign this code of conduct will result in not being able to participate. This code of conduct will be in effect for the entirety of this trip.

Because of the honor associated with being able to participate in this event, all senior members are expected to represent John Glenn High School in a positive way at all times. Seniors are expected to adhere to the rules and regulations as stated in the student handbook and refrain from any conduct which is unbecoming to John Glenn High School and individual. This applies to the use of, sale of, providing of:

- ❖ Intoxicating beverages
- ❖ Tobacco in any form
- ❖ Drugs, controlled substances, or counterfeit or look alike substances
- ❖ Other unbecoming conduct, I.E., any conduct which could be in violation of any federal, state or local, law or ordinances as a misdemeanor or felony, or related misconduct which discredits the homecoming court or John Glenn High School (Example: Minor in Possession).

Any student that fails to follow the rules and regulations as stated in John Glenn High School discipline code, while on the senior trip, will face discipline as spelled out in the John Glenn Handbook. Serious infractions (Category 6 or 7) could jeopardize participation in JGHS Commencement.

The signatures below attest to my understanding and acceptance of the provisions.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## MEDICAL HEATH FORM

Please print or type:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Street City Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Parent's name(s) \_\_\_\_\_

Parent's daytime phone(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Name and phone number of additional persons to be contacted in case of emergency (other than parents):

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

School I attend: \_\_\_\_\_ School phone: (\_\_\_\_) \_\_\_\_\_

School Address: \_\_\_\_\_

Street City Zip

School Principal: \_\_\_\_\_

Who is responsible for medical payments? \_\_\_ Individual \_\_\_ Insurance

Medical Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

### BRIEF MEDICAL HISTORY

Special Health Concerns (allergies, etc.) \_\_\_\_\_

Current Medications: \_\_\_\_\_ Dosage per day: \_\_\_\_\_

Asthma: \_\_\_ Yes \_\_\_ No Medication: \_\_\_\_\_

Diabetes: \_\_\_ Yes \_\_\_ No Medication: \_\_\_\_\_

Epilepsy: \_\_\_ Yes \_\_\_ No Medication: \_\_\_\_\_

Should the delegate be restricted from any type of activity? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

Are there any prescription or non-prescription drugs that should NOT be administered? \_\_\_ No

\_\_\_ Yes,

Which ones? \_\_\_\_\_

Allergic to any medication? \_\_\_ YES \_\_\_ NO (if yes, please list) \_\_\_\_\_

A licensed health care provider may provide my child with: \_\_\_ Tylenol \_\_\_ Advil \_\_\_ Neither

NOTE: IF YOU ARE TAKING MEDICATION REGULARLY, PLEASE BRING A SUPPLY IN A LABELED CONTAINER.

*I, the parent or legal guardian of \_\_\_\_\_ (my child), authorize the Michigan Association of Student Councils & Honor Societies to obtain medical care for my child in the event such care is necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a license health care provider or accredited hospital permission to perform any medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for payment for such care. I release MAHS, MASC, its employees, and agents from any damages, liability, or loss resulting from their securing in good faith medical care for my child.*

Signed:

\_\_\_\_\_  
(Parent or guardian) (Date)

Parent/Guardian Name – PLEASE PRINT: \_\_\_\_\_