

Receipt # \_\_\_\_\_

**THE SCHOOL BOARD OF BROWARD COUNTY FLORIDA  
FALCON COVE MIDDLE SCHOOL – WESTON, FLORIDA  
AUTHORIZATION FOR GRADE LEVEL FIELD TRIP**

I/WE, the undersigned, hereby grant (Student Name) \_\_\_\_\_ (ID#) \_\_\_\_\_  
permission to participate in a Falcon Cove Middle School sponsored trip to: Universal Studios.

As a member of: FCMS 7th GRADE Universal Field Trip

**Adult T-shirt sizes:**                      *small    medium    large    x-large*

Mode of Transportation:	<u>Academy Buses</u>	Cost:	<u>\$226</u>
Depart Time:	<u>5:30 am</u>	Place:	<u>Falcon Cove Bus Loop</u>
Return Time:	<u>11:00 pm</u>	Place:	<u>Falcon Cove Bus Loop</u>
		Date:	<u>Thursday March 21, 2024</u>
		Date:	<u>Thursday March 21, 2024</u>

Payment Deadline: November 25 -December 22 or to when we reach capacity.

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Field trip must be paid online at the Falcon Cove website, [www.falconcove.net](http://www.falconcove.net). When you are on the website, please see the sidebar and select Online Payments. Please select 7th Grade EOY fieldtrip. The student's ID number is required in order to complete the payment transaction.

1. After completing the online payment transaction, PLEASE PRINT a copy of the receipt.
2. RECORD the payment receipt number on the field trip permission form, where indicated.
3. SEND the completed permission form and a copy of the online payment receipt to the 7<sup>th</sup> Grade Center. Payments will be accepted until official capacity of travelers has been reached.

**Important:** Students will be added to the official 7<sup>th</sup> Grade EOY field trip when all required documentation and payment transaction is accurate and complete. Complete documentation includes:

- 1) Complete/accurate Field Trip Authorization form and 2) Online Payment Receipt attached.
- 2) Payment alone DOES NOT automatically reserve a seat/ or a spot on the 7<sup>th</sup> Grade Field Trip.

**GUARDIAN EMERGENCY CONTACT INFORMATION**

Please provide your phone numbers: \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Back-up Contact Name: \_\_\_\_\_ (cell) \_\_\_\_\_

**HEALTH & INSURANCE INFORMATION**

Does your child take any form of medication, have any allergies, or special health problems? ( ) YES / ( ) NO

If yes, please indicate: \_\_\_\_\_

If your child is covered by 24-hour accident insurance or family insurance, please fill out the following:

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

*Optional:* Attach a copy of the insurance identification card.

\_\_\_\_\_ I do not have insurance; however, I guarantee payment of any and all medical bills for the emergency care of this student.

**STUDENT MEDICATION (Guardian Initials)**

\_\_\_\_\_ I understand that ANY medication that my student needs to take while on the trip must be submitted through the school nurse prior to the trip. Forms for medication submission are located at the front office and must be completed in full prior to the trip.

**CRITERIA FOR FIELD TRIP PARTICIPATION**

For a student to attend the field trip, he/she must comply with Falcon Cove's Discipline Plan, demonstrating outstanding behavior from August 21, 2023, through the date of the trip, March 21, 2024.

**All student obligations MUST be satisfied prior to paying for the 7<sup>th</sup> Grade EOY field trip. It is the student and parent's responsibility to verify there are no outstanding fees, e.g. textbook, ID card replacement, lanyards, etc... listed on the Falcon Cove e-store.**

**A student who receives any of the following will lose his/her privilege to attend the trip and will forfeit all monies paid toward the trip:**

- Two (2) referrals with an administrative consequence
- Two (2) Saturday School detentions for off track behavior
- One (1) Alternative to Suspension or External Suspension

Students unable to attend the field trip due to circumstances beyond the school's realm will receive a monetary refund as long as the final deposits and payments haven't been made. Otherwise, students will receive a park admission ticket, meal voucher and t-shirt.

PARENT/GUARDIAN NAME \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
STUDENT CELL PHONE NUMBER \_\_\_\_\_