8th Grade End of Year Trip Islands of Adventure



Date: Friday, March 10th Cost: \$195.00 Payment @falconcove.net Cash will not be accepted.

Space is limited. Pay by Dec. 9th

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 Scho | of Adventure |

| As a member of: | FCMS 8t | FCMS 8th GRADE Field Trip | | | | | |
|--|-------------------|-------------------------------|-------------|------------------|---------------|-----------------------------------|--|
| <u>Adult T-shirt sizes</u> | <u>:</u> small | mediun | n large | x-large | | | |
| Mode of Transportation | Coach C | Charter Bu | ses | | Cost: | \$195.00 | |
| Depart Time: 5:30 | | Place: | | e Bus Loop | Date: | Friday March 10, 2023 | |
| | 00 pm | Place: | | e Bus Loop | Date: | Friday March 10, 2023 | |
| Payment Deadline: Nove | mber 28-Decem | <u>ber 9 or to</u> ******* | • when we i | each capacity | ******* | ***** | |
| Field trip must be p | aid online at th | e Falcon | Cove web | site, www.fal | .concove.n | et. When you are on the | |
| | | | | | | trip. Student's ID number is | |
| · • | | | | | 0 | nission form to your child's | |
| History teacher. Pay | | | | | | | |
| | | - | • | 5 | | | |
| | <u>GU/</u> | <u>Ardian Ei</u> | MERGENCY | CONTACT INFO | DRMATION | | |
| Please provide your ph | one numbers: | | | (home) | | (work) | |
| Back-up contact: | | | | (name) | | (phone) | |
| | | | | NCE INFORMAT | | | |
| Does your child take a | ny form of medic | | | | | lems? 🗌 Yes 🗍 No | |
| | • | - | | • | • | | |
| If yes, please indicate: If your child is covered | by 24-hour acci | dent insura | ance or fam | ily insurance, p | lease fill ou | It the following: | |
| Insurance Company: | | | | | | | |
| Optional: Attach a cop | y of the insuranc | e identifica | ation card. | | | | |
| I do not have | insurance; howe | ver, I gua | rantee payn | nent of any and | all medica | I bills for the emergency care of | |
| this student. | | | | | | | |
| | | STUDENT | MEDICATI | ON (Guardian I | nitials) | | |
| I understand | that ANY medica | | | | | trip must be submitted through | |
| | | | | | | ront office and must be complete | |
| in full prior to the trip. | | | | | | | |
| | | | | | | | |
| | | | | TRIP PARTICIE | | | |
| | | | | | -alcon Cove | e Discipline Plan, demonstrating | |
| outstanding behavior f | rom the beginnin | ig of schoo | n through M | larch 10. | | | |
| <u>A student who rec</u> | eives any of t | the follo | ving will | lose his/her | privilege | e to attend the trip and will | |
| forfeit all monies | paid toward t | <u>he trip:</u> | | | | | |
| Two (2) referrals wit | h an administra | tive cons | equence | | | | |
| Two (2) Saturday Sc | hool detentions | for off tr | ack behavi | or | | | |
| One Alternative to S | uspension or Ex | ternal Su | spension | | | | |
| Chudanta ana bia t | | | . | | | | |
| Students unable to a | attend the field | trip due | to circum | stances beyor | nd the sch | ool realm will receive a | |

monetary refund as long as the final deposits and payments haven't been made. Otherwise, students will receive their park admission ticket, meal voucher and t-shirt.

PARENT/GUARDIAN SIGNATURE ______DATE_____DATE_____DATE_____

STUDENT CELL PHONE NUMBER ______ HISTORY TEACHER ______