February 1, 2016

Dear 8th Grade Students and Parents/ Guardians,

Following in the 8th grade tradition, we will be taking a trip to Carowinds April 22nd. Below is a reminder of the requirements, pricing, payment dates, and other pertinent information. On the second page is a permission slip and a place to volunteer as a chaperone. Parents who will be needed as chaperones will be contacted NO LATER than April 6. Volunteering to chaperone does not guarantee you will be used. We are only able to accommodate one chaperone for every ten students. This is a uniform free trip, but CMS dress code should be followed.

**Carowinds Trip – April 22, 2016 – 9:30 (leave school) – 3:30 (leave Carowinds)**

The activity buses will leave as soon as all regular school buses have unloaded and students have been given the opportunity to eat breakfast. We will leave as close to 9:30 as possible. Any student going on the trip MUST ride the bus to Carowinds. Incidences like waking up late, missing the bus, etc. which cause a student to be late and miss the activity bus will be considered an absence from the trip. If they are not on the bus by the time it leaves, the student is expected to remain at school for a regular day and money will not be refunded. The student will be considered absent from the trip and will not be the responsibility of the staff and chaperones that are on the trip.

Students are allowed to remain at Carowinds past the scheduled return time with parental permission indicated on the next page. If permission is not given on the attached form, the student will NOT be allowed to remain at Carowinds after the buses leave. Parents who give permission for the student to stay at Carowinds will assume responsibility for the student, including a ride home, once the buses leave to return to Southwest.

**Criteria must be met January 25 – April 21, 2016**

* No more than 3 total documented bounces. Teachers will keep the signed bounce forms.
* No Out-of-School Suspension
* No more than 3 days assigned to In-School-Suspension

**AUTOMATIC EXCLUSION FROM *BOTH* CAROWINDS AND FEVER WEEK** (per beginning of year standards presented to all 8th graders)

* ANY 10 DAY SUSPENSION – since the beginning of the year
* TRUANCY

**Payment & Permission Slip**

 Please see the payment categories on the following page. All payments must be made in CASH. Payment and a completed, signed permission form must be turned in AT THE SAME TIME in order for a student to reserve their space.

 **Money and permission slips can be turned in the mornings of March 2, March 9, or March 16 ONLY. The trip must be paid for in full in one CASH payment only.**

Please contact Stefanie Carter-Dodson at sa.carter-dodson@cms.k12.nc.us with questions.

Sincerely,

Stefanie Carter-Dodson Dr. Boger Karen Barber Barry Blair

8th Grade Teacher 8th Grade Administrator 8th Grade Counselor Principal

**Ticket and Meal Plan Options –** if using a season pass, a copy of the season pass must be provided with payment and permission slip or payment will not be accepted.

|  |  |  |
| --- | --- | --- |
| **Option 1** | Season Pass only – purchase food & drink on your own | $5 – covers chaperone & bus costs |
| **Option 2** | Season Pass with buffet lunch & unlimited soda wristband | $25 |
| **Option 3** | Ticket only – purchase food & drink on your own | $40 |
| **Option 4** | Ticket with buffet lunch & unlimited soda wristband | $60 |

**Student Name (print first & last):**

**Ticket Option Number (circle choice): 1 2 3 4**

* I give permission for my child to attend the Carowinds field trip with the understanding that all CMS and SWMS rules as well as Carowinds park rules must be adhered to.

**Parent Signature:**

Please indicate which option your child will utilize on the day of the trip and initial next to the appropriate option:

* My student will ride the bus back to SWMS and take their regular method of transportation home. **Parent Initials:**
* My student will remain at Carowinds after the buses leave and will no longer be the responsibility of the school once the buses depart. **Parent Initials:**

By signing below I indicate that I have read and understand all information and have provided accurate contact information in the spaces provided.

**Parent Name (print): Phone #:**

**Parent Signature:**

**CHAPERONE INFORMATION**

If you are able to volunteer as a chaperone, please fill out the information below. You will be contacted if you are needed to chaperone no later than April 2, 2015. The chaperones chosen will receive a ticket, buffet lunch, and unlimited soda wristband at no cost.

Name:

E-mail address:

Phone #:

Preferred method of contact (circle one): Phone E-mail