



South Orange Middle School

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Lynn A. Irby
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Dear 8th grade parents and guardians:

Washington, DC Bus Trip



The 8th grade team is hosting our 3rd Annual two-days/one night trip to Washington, DC on June 14th and June 15th of 2018. It was an incredible trip last year and we are looking forward to another successful experience for all of our kids this year.

It is our goal to have every 8th grader participate in the end of the year trip and so it is therefore imperative that we support our fundraising efforts vigorously to help maintain our current per student costs.

Scholarships will be available on a case by case basis. Please see the information on the backside of the permission form for overnight trips

Requests for scholarships must be received no later than December 18, 2018

It is understood that in the months and days leading up to the final trip, students will at all times both inside and outside of class conduct themselves appropriately. Students who are unable to meet behavioral expectations as documented through parent/teacher communications, administrative office referrals, and/or team detentions will require a parent or guardian chaperone at their own expense.

To do by Monday, December 18th

1. Please complete **Permission Form for Overnight Trips** in its entirety on both sides including:
 - a. Emergency contact information
 - b. Medical insurance information
 - c. Scholarship request (if applicable)
2. Please complete **Permission to Travel** in its entirety including both student signature and parent signature.
3. \$50.00 **non-refundable** deposit made, by certified bank check or money order payable to South Orange Middle School with your child's name on the memo line. Or with cash in an envelope with your child's name on the front of the envelope, a receipt will be issued.

The \$339 balance is due by April 8, 2018. The balance may be paid in full or in four installments as follows:

Optional Payment Plan	
\$50.00	Due January 8, 2018
\$100.00	Due February 8, 2018
\$94.00	Due March 8, 2018
\$95.00	Due April 8, 2018

This payment plan reflects pricing for a quad (4 people per room/2 double beds). All students will be put into quad rooms. If your child has extenuating circumstances and cannot be in a quad room, please contact the team leaders by December 18th. This information will remain confidential.

Specific rooming will be discussed closer to the trip date.

Note: This cost includes one night hotel accommodation, round trip transportation via deluxe equipped motor coach, one (1) breakfast, one (1) lunch, two (2) dinners, admission and guide service, taxes and gratuity

Refunds: due to our contractual obligation with the tour company and the number of reservations made for a group of our size, absolutely no money will be refunded through SOMS.

Please consider purchasing travel protection if you need more flexibility (information attached).

Support our fundraisers: We need to raise monies to finance all expenses not covered by students' contributions. The support of every 8th grade family is critical to meeting this goal. Anyone interested in assisting with fundraising or that has any ideas, please contact our Team Leaders.

Thank you for helping us to create a memorable experience for our graduates.

Sincerely,

8th Grade Team Leaders

Jazmine Wright Jwright2@somsd.k12.nj.us
Louis Cicenia lcicenia@somsd.k12.nj.us
Ashley Corino acorino@somsd.k12.nj.us

8th Grade HSA Trip Coordinators

Ondine Landa Abramson olabramson@mac.com
Lori Dalvi lorldalvi@yahoo.com

Washington, DC Bus Trip – Checklist

For at Home Use

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 - b. Medical insurance information

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Bank Check or Money Order # _____

Bank Check or Money Order \$ _____

Is the date on the bank check?

Is my child’s name on the memo line?

Optional Payment Plan	
<input type="checkbox"/> Bank Check or Money Order # _____ <input type="checkbox"/> Bank Check or Money Order Amount \$ _____ <input type="checkbox"/> Is the date on the bank check? <input type="checkbox"/> Is my child’s name on the memo line?	\$50.00 due January 8, 2018 PAYMENT #1
<input type="checkbox"/> Bank Check or Money Order # _____ <input type="checkbox"/> Bank Check or Money Order Amount \$ _____ <input type="checkbox"/> Is the date on the bank check? <input type="checkbox"/> Is my child’s name on the memo line?	\$100.00 due February 8, 2018 PAYMENT #2
<input type="checkbox"/> Bank Check or Money Order # _____ <input type="checkbox"/> Bank Check or Money Order Amount \$ _____ <input type="checkbox"/> Is the date on the bank check? <input type="checkbox"/> Is my child’s name on the memo line?	\$94.00 due March 8, 2018 PAYMENT #3
<input type="checkbox"/> Bank Check or Money Order # _____ <input type="checkbox"/> Bank Check or Money Order Amount \$ _____ <input type="checkbox"/> Is the date on the bank check? <input type="checkbox"/> Is my child’s name on the memo line?	\$95.00 due April 8, 2018 Final PAYMENT #4

Date: _____

I give my permission for my child _____ to attend:

School/group: **SOUTH ORANGE MIDDLE SCHOOL**

Name of Trip: **WASHINGTON DC OVERNIGHT**

Location: **WASHINGTON DC**

Dates: Leaving: **JUNE 14, 2018** Returning: **JUNE 15, 2018**

I understand that the students attending this trip will be accompanied by (school name) SOUTH ORANGE MIDDLE SCHOOL faculty, staff members, and parent/community chaperones and will be supervised at all times.

Parent/Guardian Name (PRINT)

Parent/Guardian – Signature

Student Name (PRINT)

Student’s Signature

Please complete the following:

Address:			
City, State, ZIP			
Home Phone:		Cell Phone:	
Work Phone:		E-mail:	

In Case of Emergency:

Doctor’s Name:		Phone:	
Emergency Contact #1 Name:		Phone:	
Home Phone:		Cell Phone:	
Emergency Contact #2 Name:		Phone:	
Home Phone:		Cell Phone:	
Medical Insurance Company:		Policy Number:	

DOCTOR’S NOTE MUST BE ON FILE WITH SCHOOL NURSE FOR ANY PRESCRIPTION OR OVER THE COUNTER MEDICATION TO BE ADMINISTERED ON TRIP.

1. Does your child have any medical conditions? Yes No

If so, what are they and how are they treated?

Medication	Purpose

2. Does your child take any medication? Yes No

If so, please list the name of the medication and condition for which it is prescribed:

Condition	Medication

3. Does your child have any allergies? Yes No

If so, what are they and how are they treated?

Allergies	Medication



DC Scholarship Request Form

Must be completed by December 18, 2017

If you will be requesting a scholarship, please complete the form below OR submit the form electronically using this link: <https://goo.gl/forms/7GfgWr6n8JE0onn62>

Your 8th grade student's FULL name: _____

Your FULL name: _____

Phone number we can use to contact you: _____

Email address we can use to contact you: _____

How much are you able to contribute to the trip? _____

The total cost of the trip is \$389, how much money are you requesting a scholarship for? _____

PLEASE NOTE:

- ALL requests are confidential.
- Only the Team Leaders will have access to the names of the families requesting scholarships

DUE DATE: December 18, 2017

- In order to properly fundraise for scholarships, we cannot honor any requests made after DECEMBER 18th.

Any Questions, please contact the Team Leaders

- Louis Cicenia: LCicenia@somsd.k12.nj.us
- Ashley Corino: ACorino@somsd.k12.nj.us
- Jazmine Wright: JWright2@somsd.k12.nj.us