



Figure 1 Picture of Washington DC

Washington D.C

8th Grade Trip

Lasalle Preparatory School

2019-2020

Information Packet

Important Information

Trip Dates: Wednesday, May 6th – Friday, May 8th, 2020

Total Cost: \$350 per student

Payment Schedule: 1st Payment (Deposit) will be accepted starting Tuesday, September 10th - **\$100**
** The initial \$100 deposit is **NOT REFUNDABLE** under ANY CIRCUMSTANCES.
2nd Payment due by Friday, January 10th - **\$125**
3rd & Final Payment due by Friday, March 6th - **\$125**

- We will be taking 2 buses, which fits 96 students. Spots are filled on a **FIRST COME, FIRST SERVE BASIS**. To lock in your spot immediately, you must bring in your first payment of \$100 ASAP.
- If we have more than 96 students, your child will be put on the waiting list. You will continue to make the payments on schedule. If one of the 96 students drop out of the trip, your child will move up the list. If they do not make it off the waiting list by time the trip arrives, all money turned in will be refunded.
- You can make early payments anytime, and you can pay in full at any time.
- ALL payments MUST be brought to **Mr. Speidel ONLY in Room 222** during HOMEBASE/ASP.
- We will provide fundraising opportunities to assist students with the cost of the trip. This is optional, not mandatory. Your child will receive information regarding this when they turn in their deposit.

School Recommended Payment Options:

1. **Cash** (In an envelope that is labeled). ****Recommended Option****
2. **Money Order** (made out to Lasalle Preparatory School).
3. **Personal Check** (made out to Lasalle Preparatory School).

WARNING: If your check is returned, the bank fee will be added to the cost of your child's trip.

Cost includes:

Hotel, Transportation, Food/Drink, Snacks, Admission Tickets, 3 T-Shirts, Hoody, Draw String Bag, etc.

Eligibility:

To be eligible for the trip, students must be in 8th grade and MUST be in "**GOOD STANDING**" with the school. Students **MAY** be pulled from the trip for failure to comply with the following:

- **Academics**- Cannot be failing more than **ONE** core class for the year at the end of each marking period (Math, Science, Social, ELA, Spanish). Students failing more than one subject at the end of the each marking period will be put on "academic probation", and will have one marking period to raise their average or they will be removed.
- **Attendance**- Must maintain an 85% attendance rate (extenuating circumstances will be considered with appropriate documentation).
- **Discipline**- No chronic or severe discipline issues including suspensions, discipline referrals, etc.

*** There will be a **MANDATORY** parent meeting regarding the trip later in the year. Details will follow.

*** **Please fill out the following form (front and back) and have your child turn it in with their first payment.**

Permission/Information Sheet

I give my child, _____ permission to attend the Lasalle Preparatory School 8th grade trip to Washington D.C. on May 6th, 7th & 8th of 2020.

I understand and agree that chaperones will take necessary action to ensure the safety of all students. (In extreme circumstances, this may include requesting assistance from parents to return a child home prior to the conclusion of the trip.)

I understand that I will be responsible for the cost of any damage as a result of my child's actions.

I understand that chaperones may check a student's luggage and/or personal belongings at any time during the trip.

I understand that this is a school-sponsored trip and it is expected that all students will follow applicable school rules and procedures.

I understand that my initial \$100 deposit is NON-REFUNDABLE under any circumstances.

I, _____, agree to all the above and :

In the event of an emergency requiring medical attention, every effort will be made to contact parent/guardian to receive authorization before treatment or hospitalization is undertaken. I hereby grant permission for medical personnel designated by Niagara Falls School District designee to attend to my son/daughter.

Student Name: _____

Father/Guardian Name: _____

Mother/Guardian Name: _____

Parent/Guardian Signature: _____

Doctors Name: _____

Doctors Phone Number: _____

Insurance Information (Required to go on trip)

Company Name: _____

Policy Number (ID #): _____

Any/All Medications my child may be allergic to: _____

Medications my child is currently taking: _____

Medications currently being taken for treatment of: _____

Does your child have handicaps/limitations that could hinder any activities? _____

If "Yes", please explain: _____

Student/Parent Information Sheet

Student Name: _____

Student Homebase: _____

Student/Parent Home Address: _____

Parent/Guardian Name: _____

Parent Guardian Contact Number: _____

Name & Number of ***Emergency Contact*** (In Case Parents Cannot Be Reached):

Name: _____ Number: _____

Student T-Shirt Size (Adult Uni-Sex): _____

Student Hoodie Size (Adult Uni-Sex): _____

Day #1 Lunch Sandwich Choice (Please Circle):

Ham

Turkey

Veggie