



CEDAR HILL MUSIC PROGRAM
Grade 8 Concert Band Seattle Trip Final Update

February 10, 2016

Student Name:

Amount in Student Music Account: \$ _____

Overall trip cost: \$575
 - \$100 (1st Deposit)
 - \$200 (2nd Deposit)
 - \$ (Student Music Account)

Balance due:

Please pay the above amount by Tuesday, March 1st, 2016.

Cheques are payable to **CHMPA** (Cedar Hill Music Parents Association)

****No student will be denied the opportunity to participate in any school activity due to an inability to pay. Please contact the school Principal Mr. Giesbrecht (250-477-6945) if this is a concern.***

Dear Music Students and Parents,

The Seattle trip is coming soon and the final preparations are underway. There is a lot of information to give in this newsletter so please read each section carefully. Also attached are parental consent forms and medical forms. Please feel free to contact me at the school (477-6945) or email me at cedarhillmusic@gmail.com if you have any questions or concerns.

Yours truly,

A handwritten signature in blue ink that reads "Cindy Romphf".

Mrs. Cindy Romphf
Music Teacher

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MANDATORY TRIP MEETING

The Seattle Trip meeting is being held on **Tuesday, April 5th, 2016 at 7:00 p.m.** in the music room. The involved student and one parent/guardian must be present at this meeting.

At this meeting, I will go over the finalized itinerary, behavioural expectations, student responsibilities and duties, the introduction of chaperones, and answer any questions that you may have.

PASSPORTS

Students must possess a passport on this trip and must present it to their chaperone at the April 5th trip meeting. International students must possess their passport as well as a valid visa to enter into the United States. We are aware that possessing a birth certificate and photo id is sufficient to travel into the United States by land, but as there are a total of 59 passengers traveling together, everyone having a passport will potentially save hours at the border. If you have any concerns or questions about this issue, please feel free to contact Mrs. Romphf or Mrs. Ives at the school (477-6945).

5F 4M

OUR CHAPERONES

Thank you to Irene Ives (our vice-principal), LeAnn Andersen, Carrie Hartig, Stephanie Travis, Shannon Gustafsson, Paul Larkin, Rick Stark, Mike Hutchinson and Murk Toorenburgh for volunteering to chaperone this trip! We are very grateful that you are taking the time to help support our program and students.

Dates To Remember:

Tuesday, March 1st, 2016

Final Deposit Due

Tuesday, April 5th, 2016 at 7:00 p.m.

Mandatory Trip Meeting

*Remember to bring your passports

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Consent Letter

To Whom It May Concern:

I, _____ (full name of parent/guardian), am the lawful

parent/guardian of _____ ,
(full name of child as is on the passport)

born on _____ at _____ ,
(date of birth of child) (place of birth of child)

carrying _____ passport number _____
(Citizenship ie. Canadian)

issued on _____ at _____ .
(date of issue) (place of issue)

My child, _____ ,
(full name of child as is on the passport)

has my consent to travel with Mrs. Cindy Romphf to visit Seattle, Washington, U.S.A. for April 27th to 30th, 2016.

Any questions regarding this consent can be directed to me at:

Name: _____

Address: _____

Phone: _____

Signature

Dated

SCHOOL DISTRICT NO. 61 (GREATER VICTORIA)

CERTIFICATE OF PARENTAL AUTHORITY

PARENT / GUARDIAN SECTION: Please read carefully

A school field trip to Seattle, Washington, USA

Date and Time April 27 - 30, 2016 Transportation Charter Bus, Ferry

The field trip will be supervised by Cindy Romphf and Irene Ives.

In accordance with the School District's Policy and Regulations, students are expected to observe the school's Code of Conduct and rules of the field trip. More details, if applicable regarding the planned field trip, are attached to this form.

It is the parents' / guardians' responsibility to alert the school of any student requiring special medical care or medications so that provisions can be made for procedures to meet any potential emergent need. Adequate notice is given to parents / guardians in order that they may provide appropriate student protection from the elements and for the setting. Examples are the use of sunscreen, wearing of hats, and having the proper attire and the appropriate footwear.

I give permission for my son, daughter or student under my care, to participate in the school field trip identified above.

NAME OF STUDENT

SIGNATURE OF PARENT / GUARDIAN

Home Phone _____

Business Phone _____

Please advise the school of any medical information and addition relevant information pertinent to your child's needs. Provide the names of two people who may be contacted in the absence of the student's parents / guardians

CONTACT

ADDRESS

TELEPHONE

ADDITIONAL PARENT / GUARDIAN INFORMATION

1. No student will be denied educational opportunities due to financial hardship. Please speak in confidence to the principal, teacher or counsellor.
2. A copy of this form will be available in the school office accompanied by a participant list.
3. There will be a program of instruction given to those students choosing not to participate in the field trip.

Comments / Questions _____

STUDENT OVERNIGHT ACCOMMODATION FORM

To be completed by parent/guardian:

School: _____ Cedar Hill Middle School _____

Student's Last Name: _____ First Name: _____

Address: _____ Postal Code: _____

Parent's/Guardian's Name: _____

Telephone: (H) _____ (W) _____

Cell: _____ Fax: _____

Email: _____

Emergency Contact: (Parents will always be contacted first, but in the case they can't be contacted please fill out the following information)

Name (1): _____

Telephone: _____ Cell: _____

Name (2): _____

Telephone: _____ Cell: _____

Medical Information

Student's Birthdate: _____

Care Card Number: _____

Travel Insurance: _____ Coverage No.: _____

Medical Alert Information (allergies, **dietary restriction**, medications, existing medical conditions) that you want the supervisors and/or billeting family to know about.

Permission is given to seek medical attention and for release of medical records. Parents will be notified.

Signature of Parent _____