

# 8th GRADE CHOIR CHICAGO TRIP 2017



R

April 17-19,  
2017

Student Price...\$540  
Chaperone Price...\$480

- Motorcoach transportation by Bianco Travel Company
- Festival of Music performance and adjudication
- The Lincoln Park Zoo
- Giordano's Pizzeria
- Bubba Gumps Shrimp Co.
- Hard Rock Cafe - Chicago
- 2 Breakfasts at the Hotel
- Two nights at the Marriott Renaissance Northshore Hotel
- Michigan Avenue
- Navy Pier
- Millennium Park
- Disney's Alladdin - Broadway Musical
- Improv Comedy Sportz Show



Payment Schedule

(Make Checks payable to BROWNELL MIDDLE SCHOOL)

- 1st payment: Due Nov. 17 \$150 per person (\$50 is NON-REFUNDABLE)
- 2nd payment: Due Jan. 26 \$195 Students (\$165 Chaperones)
- 3rd payment: Due March 2 \$195 Students (\$165 Chaperones)

APRIL 24, 2017 6:30PM PARENT INFORMATION MEETING AND PREVIEW

CONCERT

MANDATORY FOR ALL PARTICIPANTS, BROWNELL MPR

# **8th Grade Choir Chicago Trip**

## **Answers to Common Questions**

**Dates: April 27-29, 2017**

**We will leave Brownell 7AM Thursday, April 27 and return around 3PM on Saturday, April 29.**

**We travel in 2 Bianco Travel motorcoaches. Yes, you can bring DVDs to watch on the bus if they are rated G or PG.**

**Four students in a group. Students will be able to select their group, with help from Mrs. Gross. We will sign up for rooms in February. You don't have to decide right now.**

**Students sleep 4 in a room on 2 double beds.**

**Chaperones sleep 2 in a room on 2 double beds.**

**Mrs. Gross will assign each group either a parent or teacher chaperone.**

**You are assigned to a bus with your group. Choose your group wisely, you have to stay with them for everything.**

**If you sold cookie dough (Otis Spunkmeyer Fundraiser), you can use your profits towards your trip. BUT, you cannot use it toward the \$150 deposit. If you earn more than \$390, the additional money goes into the choir general account.**

**We will spend some time on Michigan Ave. I suggest you bring at least \$50 spending money. All of the meals for the 3 days will be paid for as well as admission to everything on the itinerary.**

**Parent Information and concert preview meeting at Brownell MPR on Monday, April 24 at 6:30PM.**

**You may pay the entire trip cost at one time. You may use the following payment schedule:**

**1st payment: Due Nov. 17 \$150 per person (\$50 is NON-REFUNDABLE)**

**2nd payment: Due Jan. 26 \$195 Students (\$165 Chaperones)**

**3rd payment: Due March 2 \$195 Students (\$165 Chaperones)**

**All checks made payable to Brownell Middle School.**

**I hope all of you will attend. Contact me at [carolyn.gross@gpschools.org](mailto:carolyn.gross@gpschools.org) with any questions.**

TRANSPORTATION PERMISSION

DESTINATION OF EDUC./ATHLETIC/CLUB TRIP	TRIP DATE(S)
SCHOOL <u>Brownell</u> <u>Chicago, IL</u>	<u>April 27-29, 2017</u>
TRIP SPONSOR: TEACHER/COACH <u>C. Gross</u>	

**1. Transportation by public/commercial carrier**

My child, \_\_\_\_\_, has my permission to attend this trip; it is my understanding that students will be transported by 4 bus, \_\_\_\_\_ train, \_\_\_\_\_ airplane, or \_\_\_\_\_ other public/commercial carrier Bianco Travel Co.

**X** \_\_\_\_\_  
 Signature of Parent or Guardian Date

and/or \_\_\_\_\_

**2. Transportation by automobile**

My child, \_\_\_\_\_, has permission to attend this trip. It is my understanding that students will be transported by privately owned automobiles driven by \_\_\_\_\_ parents \_\_\_\_\_ students. I understand that every reasonable effort will be made to plan for safety on this trip. Under the current interpretation of Michigan No-Fault Insurance, my automobile insurance covers my son/daughter in case of injury while riding in another's automobile. Any driver and/or owner of a private automobile is responsible for liability incurred on an educational trip to the extent that s/he would be in the normal operation of the vehicle. Liability insurance carried by the Grosse Pointe Public School System Board of Education provides secondary coverage beyond the limits of that carried on the private automobile.

**X** \_\_\_\_\_  
 Signature of Parent or Guardian Date

your name →

Your Name →

**WAIVER OF LIABILITY, REQUIRED BEHAVIOR, AND SEARCHES PERMISSION FORM**

STUDENT \_\_\_\_\_ Field Trip Destination Chicago Date(s) 4/27-29/17

**A. WAIVER OF LIABILITY**

In consideration of my daughter/son being provided with the opportunity to participate in an officially sponsored and approved educational trip that involves traveling to and from the above destination on the above dates, I hereby waive any right or cause of action, of any kind whatsoever, arising as a result of such activity from which any liability may or could accrue to the Grosse Pointe Public School System or School System personnel or the adult chaperones, except to the extent that any damages related to such right of a cause of action may be covered by the School System's policies of liability insurance.

.....  
**B. REQUIRED BEHAVIOR**

All educational trips require cooperation, responsibility, and good behavior on the part of each participant, for the good of all involved. While on an educational trip, students are required to abide by the Student Code of Conduct. Any student using alcohol, tobacco, or other drugs (except medications as listed on Form 2340 F3-Authorization for Medical Treatment), will automatically be sent home at the parent's/guardian's expense after the parent or other responsible adult has been contacted.

.....  
**C. SEARCHES**

In order to protect the health, safety, and/or welfare of students on school property or under school jurisdiction such as during an educational trip, a school principal or a principal's designee may search a student's luggage, possessions, or person before the trip gets under way or at any time during the trip when deemed necessary and appropriate. Any such search shall be conducted in the presence of an adult witness.

**STUDENT AGREEMENT**

I agree to be bound by the behavior requirements identified in paragraph B above. I further understand that my luggage and possessions are subject to search in accordance with paragraph C above.

Your Signature →

X \_\_\_\_\_  
Student Signature Date

**PARENT/GUARDIAN AGREEMENT AND PERMISSION**

I understand and agree to the waiver of liability, required behavior, and searches provisions outlined in paragraphs A, B, and C above. I hereby give permission for my student to participate in this educational trip.

Parents Signature →

X \_\_\_\_\_  
Parent/Guardian Signature Date

NOTE: Student participation in educational trips is voluntary. Should a student choose not to participate, other appropriate educational experiences will be planned for him/her in place of this field trip.

AUTHORIZATION FOR EMERGENCY MEDICAL - STUDENT

This form is required for all trips. Emergency medical card may be used in place of this form.  
**IMPORTANT:** This information must be taken along on the field trip in case of an emergency.

STUDENT	DATE OF BIRTH	Today's Date

I/We, the parent(s) of legal guardian(s) of above student, hereby delegate to the School System the authority to authorize and consent to any or all medical, surgical, dental, optical, hospital care, or treatment, in case of emergency, while on an educational trip. Such treatment is to be rendered by, or under the jurisdiction of a duly licensed physician or dentist. The School System is fully authorized to act in accordance with best judgment in any such emergency and is absolved from any liability or financial responsibility to connection therewith.

**X** \_\_\_\_\_ Home Telephone Number \_\_\_\_\_  
**Signature of Parent or Guardian**

Home Address \_\_\_\_\_

\_\_\_\_\_  
 Mother's/Father's Place of Employment Work Telephone Number(s)

\_\_\_\_\_  
 Pager/Cell Phone Number(s)

Medical-Hospital Insurance Co. \_\_\_\_\_

Name of Subscriber \_\_\_\_\_

Group No. \_\_\_\_\_ Service No. \_\_\_\_\_ Contract No. \_\_\_\_\_

**EMERGENCY INFORMATION**

Please list any allergies your child has: \_\_\_\_\_  
 Please note any special needs your child has (dietary, medical conditions, etc. You may attach separate sheet.):

\_\_\_\_\_

\_\_\_\_\_  
 Name of Physician Address Telephone No.

\_\_\_\_\_  
 Name of Dentist Address Telephone No.

\_\_\_\_\_  
 Name of Eye Doctor Address Telephone No.

If unable to contact spouse, please call (local contact):

\_\_\_\_\_  
 Name Address Telephone Relationship