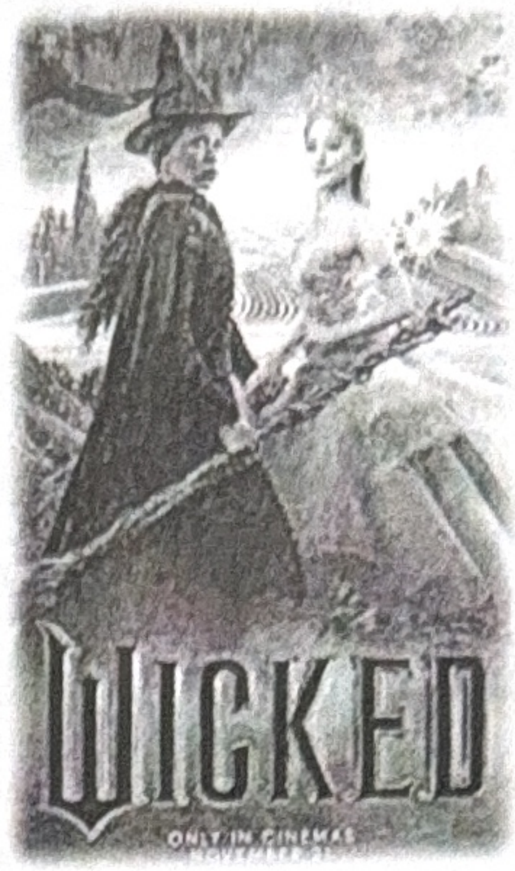
December 2, 2024



Dear Families,

On Thursday, December 19, 2024, Grades 4, 5, 6, 7 and 8 will be going to Cineplex Ancaster (771 Golf Links Rd.). This trip is a culmination of Literacy and the Arts to celebrate the end of the year and build community among classmates.

The cost per student is **$21**. This cost will cover travel, viewing of the movie and a Kid's Combo (including junior popcorn, junior fountain drink and junior candy.)Please indicate which drink your child would prefer:

- ☐ Sprite
- ☐ Fruitopia
- ☐ Nestea
- ☐ Fountain water with ice

Payment for the trip can be made via School Cash Online.

Please email your child's teacher if you are interested in volunteering.

We will be leaving our school at 9:45 am and returning at about 1:00pm.

Sincerely,

Ms. Dalley, Ms. Williams, Mrs. Duhlaku, Mrs. McLean, Mr. Cook, Ms. Miller, Mr. Johnston, Mrs. Shute and Mr. Manson

HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD

PARENT/GUARDIAN INFORMATION LETTER

Spring Valley

School Phone: (289) 346-9534

Date 19-Dec-2024

Please keep this form at home for your information

Dear Parent/Guardian:

As an extension of the curricular program, the Language and Arts is/are planning an excursion.

Location: Cineplex Cinemas Ancaster Activity: Movie

Date(s)/Time(s) Leaving the School: 9:45am
Date(s)/Time(s) Returning to School: 1:00pm
Transportation Method: School Bus

Non-Staff Volunteers/Drivers will ☑ be participating in this activity.

The cost per pupil for the excursion is $ 21.00
We encourage you to pay online, cash/cheque also accepted.

Students are required to bring: nothing
The excursion is part of the regular school program. It is intended the students will learn:
Elements of story-telling, drama and music.

Expectations regarding student behaviour are the same as those for the regular school day. While we do not anticipate any problems, any serious breach of the School Code of Conduct on the part of the student may result in the student being sent home at the expense of the parent/guardian and further disciplinary action may be imposed.

Student information contained in your child's school records will be taken along on the excursion and will be used only in the case of an emergency. Please ensure the following elements in your child's student information record is up-to-date. **Notify the school office immediately of any changes:**

- *Parents/Guardians and Home Address/Phone Numbers*
- *Emergency Contact Names/Phone Numbers*
- *Medical/Health Concerns*

We are looking forward to an exciting and educationally enriching excursion. Please indicate your acceptance of the conditions outlined above by completing and returning to the school the attached consent form by 13-Dec-2024

☑ Volunteers ☐ Volunteer Drivers are needed. Please contact your child's teacher if interested.

Please contact your child's teacher or the School Principal if you have any concerns or if your child requires any special accommodations for this activity.

Sincerely,

K.McLean (Teacher in Charge) (Principal)

HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD

STUDENT EMERGENCY MEDICAL/CONTACT INFORMATION FORM

Choose School Name

Please return this form to the school

Excursion Location: Cineplex Cinemas Ancaster

Date(s) of Excursion: Thursday December 19, 2024

Grade(s): 4,5,6,7,8 Class/Course/Group: 4A,45A,5A,56A,6A,67A,7A,78A,8A

At the conclusion of this excursion/series of excursions, this form will be shredded by the school.

To be completed by the parent/guardian:

Surname:_____ First Name:_____ Middle Name:_____

Date of Birth:_____

In the event of an emergency during this excursion, please list in order of priority who should be contacted:

Name	Relation (*e.g.: parent, uncle, friend*)	Preferred Contact Telephone #	Alternate Contact Telephone #	Pickup Student
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐

Medical Information required for this excursion to be used by Teacher/Supervisors:

Allergies:_____ Life Threatening: Yes ☐ No ☐

_____ Epipen: Yes ☐ No ☐

Other Medical Conditions/Restrictions/Limitations:_____

Are there any medical concerns/specific instructions related to this excursion (please attach additional information if necessary): _____

FOR OUT OF PROVINCE/COUNTRY EXCURSIONS ONLY

Medical Insurance Provider:_____ Policy Number:_____

Provider Contact Telephone:_____ Proof of Coverage: Yes ☐ No ☐

Consent of Parent/Guardian

I/We understand that in the event of a medical emergency, while on the excursion, medical officials can authorize emergency medical care. This would apply when a serious condition exists and the Hamilton-Wentworth District School Board and medical officials have been unable to contact the parents/guardians.

Parent/Guardian Signature:_____ Date:_____

Information on this form is collected under the legal authority of the Education Act and in accordance with the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. It will be used only in the event of an accident or illness of the student attending the excursion. Questions or concerns should be directed to the school principal.

HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD

PARENT/GUARDIAN CONSENT FORM

Please return this form to the school

THIS FORM MUST BE READ AND SIGNED BY A PARENT/GUARDIAN OF ANY STUDENT PARTICIPATING IN THE EXCURSION AND/OR BY ANY PARTICIPATING STUDENT OVER 18 YEARS OF AGE. PLEASE COMPLETE THIS FORM, ARRANGE FOR PAYMENT, AND RETURN TO THE SCHOOL BY

School: Spring Valley

Date of Excursion: Thurs. Dec. 19, 2024

Location: Cineplex Cinemas Ancaster

Activity: Movie

Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in this activity:

1. scrapes, burns, cuts,
2. strains, sprains, breaks
3. concussions, slips and falls
4. bus related injuries

- I/We acknowledge receipt of the letter dated December 2, 202from the school with respect to the upcoming student excursion. We authorize transportation by First Student Ancaster
- I/We understand that excursions contain an element or risk and accidents may occur that may result in injury and/orloss without fault of either the student, or the school board, its employees or the facility where the activity is taking place.
- I/We understand that bychoosing to allow the student to participate in this activity, I/we bear the responsibility of for any injury that might occur. The chance of an injury occurring can be reduced by students carefully following instructions at all times while engaged in the activity.
- I/We understand that Hamilton-Wentworth District School Board does NOT provide accidental death, disability, dismemberment or medical expense insurance on behalf of students participating in this activity. If you do not have private insurance coverage, Student Accident Insurance coverage is available and may be purchased through Old Republic Insurance Company of Canada at 1-800-463-KIDS (5437) or online at www.insuremykids.com.
- I/We grant permission to obtain medical treatment in the event of a medical emergency where attempts to make contact using the information provided to the school are not successful.
- I/We understand that the School Code of Conduct as well as the Board's Code of Conduct on School Related Vehicles are in effect and will apply to all students at all times during this activity.
- I/We understand that that neither Hamilton-Wentworth District School Board or the School will accept responsibility for any money not refunded by the service provider, nor for transportation costs incurred, should you subsequently decide not to permit the student to attend.
- I/We understand Hamilton-Wentworth District School Board nor the School, will not be responsible for financial loss resulting from the cancellation of any school excursion by a Tour Company, Transportation Carrier or cancellation bythe board.

☐ **I/WE HAVE READ THE ABOVE AND WE UNDERSTAND IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.**

☐ **I/WE GIVE PERMISSION FOR THE STUDENT TO PARTICIPATE IN THE ACTIVITY NOTED ABOVE.**

Names of Student:_____ Teacher:_____

Signature of Student (if over 18):_____ Date: _____

Signature of Parent/Guardian:_____ Date: _____

PLEASE CHECK BOX FOR METHOD OF PAYMENT: ☐ **ONLINE** ☐ **CASH** ☐ **CHEQUE**

☐ **I am interested in volunteering. Please contact me to initiate the volunteer screening process.**