



Spring Valley Elementary School

PROUD SCHOOL OF HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD

99 Dunham Road
Ancaster, Ontario L0R1J0
Phone: 905.627.7822
Fax: 905.627.9539

EMAIL: springvalley@hwdsb.on.ca
www.hwdsb.on.ca/springvalley

Dear Parent/Guardian,

We are excited to inform you that our grade 6-8 classes will be going on a school excursion as part of our musical educational program. Below are the details of the trip:

Purpose of the trip : This excursion is designed to enhance students' awareness of a full Symphony and its instruments. Students will be audience members to this very special concert "Spirit Horse" which is part of indigenous studies. Cost Total Cost per Student: \$16.00 (This includes transportation and ticket price)

Please submit payment online and the signed permission form by Mar. 12, 2026 or contact the school main office for any needed assistance with payment.

Please Notify the school office immediately of any changes: • Parents/Guardians and Home Address/Phone Numbers • Emergency Contact Names/Phone Numbers • Medical/Health Concerns

Supervision: The trip will be supervised by classroom teachers and parent volunteers (6 teachers and 11 parents). All safety protocols will be followed to ensure a safe and enjoyable experience for all students. Students not participating in the trip will be able to engage in continued learning at the school.

What to Bring : Students will eat at 11:10am (students will remain inside during outdoor recess to do this) before we depart at 11:30am and upon returning at 2pm (students will be allowed to eat their lunch then- there will be no time to leave school grounds so pack a lunch for BOTH NUTRITION BREAKS at school this day).

CONTACT the school/teacher: If you have any questions or concerns, please feel free to contact us at 289-346-9534 or your teachers email. We look forward to a fun and educational day!

Sincerely,

Miller, Bigas, Akamphubar, Shute, MacArthur, Dube, *COOK*

Choose a School
School Phone:

Please keep this form at home for your information

Key Information for the upcoming excursion

Date of Excursion: Mar 24, 2026

Location: First Ontario Concert Hall

Cost: 18

We encourage you to pay online. Please contact the school if you require additional information.

Leaving the School: 1130am

Returning to School: 200pm

Transportation Method: Attridge Bus Lines

Non-Staff Volunteers/Drivers will not be participating in this activity.

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

Please return the attached consent form by: Mar. 12, 2026

Volunteers Needed

Yes

No

Volunteer Driver's Needed

Yes

No

Please contact your child's teacher if interested.

Note: In order to volunteer a current vulnerable sector check and school paperwork must be completed.

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 March 12, 2026

School: Spring Valley

Date of Excursion: March 24, 2026

Location: First Ontario Concert Hall

Activity: Symphony- concert

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. Slips, Trips, falls
2. concussions,
3. breaks, sprains
- 4.

- I/We acknowledge receipt of the letter dated Feb. 27, 2026 from the school with respect to the upcoming student excursion. We authorize transportation by Attridge Bus Lines
- I/We understand that excursions contain an element or risk and accidents may occur that may result in injury and/or loss 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 by choosing 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 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 by the 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
Online Verification # _____

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



**HAMILTON-
WENTWORTH
DISTRICT
SCHOOL
BOARD**

**STUDENT EMERGENCY MEDICAL/CONTACT
INFORMATION FORM**

Spring Valley



Please return this form to the school

Excursion Location: **FIRST ONTARIO CONCERT HALL**

Date(s) of Excursion: **MAR 24 / 2020**

Grade(s): **6,7,8**

Class/Course/Group **MUSIC**

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 <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

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.