



South Meadow Elementary School

PROUD SCHOOL OF HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD

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Stoney Creek, Ontario L8G4C9
Phone: 905.594.0010
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EMAIL: southmeadow@hwdsb.on.ca
www.hwdsb.on.ca/southmeadow
PRINCIPAL: Mrs. J. Harvey
VICE-PRINCIPAL: Ms. N. Assadian

January 4, 2026

Dear Parent/Guardian,

We are excited to inform you that our class will be going on a school excursion as part of our educational program. Below are the details of the trip:

Purpose of the Trip

This excursion is designed to enhance students' understanding of flight including parts of the plane and the 4 forces acting on the plane. Students will participate in guided tours of planes in the hanger, and outside to visit the Buffalo plane. This aligns with our science curriculum.

Total Cost per Student: \$23.00 (This includes transportation, admission, and workshop fees)

Please submit payment and the signed permission form by **January 9, 2026** or contact the school main office for any needed assistance with payment.

Notify the school office immediately of any changes:

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

What to Bring:

- Nut-free packed lunch and water bottle
- Comfortable walking shoes
- Weather-appropriate clothing

Supervision:

The trip will be supervised by classroom teachers and parent volunteers. All safety protocols will be followed to ensure a safe and enjoyable experience for all students.

Please refer to the Parent/Guardian Information sheet for all excursion details We look forward to a fun and educational day!

Sincerely,

The grade 6 team

(Mr. Maciel, Mr. Hayter, Mrs. Shevchenko, Mr. Kendall)

HWDSB
BE YOU. BE EXCELLENT.



Parent/Guardian Information 2025-26

South Meadow



School Phone: 905-594-0010

Please keep this form at home for your information

Key Information for the upcoming excursion

Date of Excursion: January 12, 2026

Location: Canadian Warplane Heritage Museum

Cost: 23.00

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

Leaving the School: 9:30AM

Returning to School: 2:15PM

Transportation Method: Bus

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: January 9, 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

School: South Meadow

Date of Excursion: January 12, 2026

Location: Canadian Warplane Heritage Museum

Activity: Flight Program

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. bumps and bruises
3. sprains or strains
- 4.

- I/We acknowledge receipt of the letter dated January 4, 2026 from the school with respect to the upcoming student excursion. We authorize transportation by Attridge Transport Inc.
- 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

