



South Meadow Elementary School

PROUD SCHOOL OF HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD

23 Royce Ave
Stoney Creek, Ontario L8G4C9

Phone: 905.594.0010
Fax: 905.662.7201

EMAIL: southmeadow@hwdsb.on.ca

www.hwdsb.on.ca/southmeadow

PRINCIPAL: Mrs. J. Harvey

VICE-PRINCIPAL: Ms. N. Assadian

May 5, 2026

Dear Parents/Guardians,

The grades 5 and 6 classes will be going on a trip to see **The Super Mario Galaxy Movie** on *Monday, May 25*. The movie is being shown at the Paramount Movie Theatre. If this movie gets pulled from theatres before our trip date, our backup movie is **Animal Farm**. The cost of \$11 includes bussing and admission. A kids combo can be purchased ahead of time for an additional \$9.50. This includes a popcorn, candy, and choice of drink. Please note that the concession stand will be closed and outside food is not permitted. The movie will begin at 11:00 a.m. and busses will depart South Meadow at 9:45 a.m. We should be back at the school by 1:30 p.m.

Students are asked to fill out the attached forms and return all forms and money by *Friday, May 15*.

We are looking for a few adult supervisors, who must have a valid police check submitted to the office.

If you would like to be a volunteer, please sign the appropriate spots on the attached forms.

Please include your Beverage choice on the attached form.

Beverage choices: Sprite, Fruitopia, Water

Thank you,

South Meadow Grade 5 & 6 Staff

HWDSB
BE YOU. BE EXCELLENT.



Parent/Guardian Information 2025-26

South Meadow
School Phone: 9055940010

Please keep this form at home for your information

Key Information for the upcoming excursion

Date of Excursion: May 25, 2026

Location: 795 Paramount Drive

Cost: \$45 ill

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

Leaving the School: 9:45am

Returning to School: 1:30pm

Transportation Method: Bus

Non-Staff Volunteers/Drivers will 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: May 15, 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 May 15, 2026

School: South Meadow

Date of Excursion: May 25, 2026

Location: 795 Paramount Drive

Activity: Movie Trip

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
2. Trips
3. Falls
4. Bus accident

- I/We acknowledge receipt of the letter dated May 6, 2026 from the school with respect to the upcoming student excursion. We authorize transportation by Attridge Transportation
- 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



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May 5, 2026

Please fill out the following and return by **May 15**.

Student's name: _____

Teacher: _____

Snack combo: Yes ___ No ___

If yes, choice of beverage (please circle one):

Sprite, Fruitopia, Water

Any food allergies: _____

Paid in cash _____ Paid by Cash Online _____

- I would like to volunteer and have a valid police check at the office.

Signature: _____

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