



## WEST ESSEX MIDDLE SCHOOL

West Greenbrook Road  
North Caldwell, NJ 07006

*David B. Montgomery, Principal*

Telephone (973) 228-1200 ext. 303  
FAX (973) 228-5852

January 13, 2011

Dear Eighth Grade Parents/Guardians:

West Essex Middle School has planned a 2-day eighth grade educational excursion to Washington, DC, for Thursday, May 19 through Friday, May 20, 2011. The cost of this trip is three hundred and twenty dollars (\$320.00) per student. This price includes breakfast, dinner, hotel, and other activities. Students will be responsible for lunch, snacks, and spending money.

A copy of the permission slip, authorization for medical treatment, medical information sheet, and Internal Participation Policy, **are accessible on the homepage of the school website ([www.westex.org](http://www.westex.org))**. In the top left hand corner select West Essex Regional Middle School, and then select the Student Life heading. The third selection in the drop down menu is field trip forms. All forms are located under that heading. Please contact Mrs. Sell with questions or concerns in the event of inaccessibility to a computer.

Please return the following, completed and signed, on or before February 14, 2011:

- permission slip
- authorization for medical treatment
- Internal Participation Policy
- Check (made payable to West Essex Middle School) for the first payment of \$150.00 or entire payment of \$320.00 (If choosing to pay in TWO payments, please remit the remaining \$170.00 by April 19, 2011).

Please print and return the following, completed and signed, on or before April 19, 2011:

- Medical information sheet

An orientation meeting will be held for the students prior to the trip to answer questions and to review guidelines. **ALL RULES AND REGULATIONS ENFORCED BY THE WEST ESSEX REGIONAL SCHOOL DISTRICT, AS WELL AS THE CONSEQUENCES ASSOCIATED WITH VIOLATION OF THESE RULES WILL BE ENFORCED WHILE ON THE TRIP.**

On the day of the trip, students must arrive at school no later than 6:15 am. Your child will load his/her own luggage onto the bus. Please check your child's bag. He/she should not pack anything that is inappropriate for school. Your cooperation is appreciated. For security reasons, please be aware that we will randomly check luggage.

If you have concerns, please e-mail Mrs. Sell at [cshell@westex.org](mailto:cshell@westex.org). We thank the Board of Education and the Superintendent of Schools for making the eighth grade field trip to Washington, DC a reality. We are looking forward to a pleasant and educational experience.

Very truly yours,

*David B. Montgomery*  
Principal

*Christine Sell*  
8<sup>th</sup> grade class advisor

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C: Dr. McMahon, Superintendent of Schools  
Enclosures

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## Internal Participation Policy Extra-curricular Functions

Extra curricular functions are positive experiences that are intended to supplement a student's school experience. In order to preserve the health, safety, and welfare of all students, and to insure maximum educational achievement, the following Participation Policy has been adopted and will take effect immediately. The extra curricula functions that are affected by the policy are overnight field trips, day field trips, and school sponsored functions such as dances, teen center, and other social events.

Extra curricular functions are not a requirement of the curriculum. Therefore, participation in such functions is a privilege extended to those students who exhibit appropriate acceptable behavior. The following guidelines will be used as criteria for participation in extra curricular functions.

Students will not be allowed to participate in extra curricular functions...

- when 10 or more demerits have been accumulated prior to the trip
- when placed on social probation as defined in the student handbook (page 13)
- while under suspension for any reason

Students, who are denied participation in extra curricular functions because of any of the above infractions, may request an appeal through the Principal's Office. Repeat offenders of the suspendable offenses will not qualify in any appeal process.

Both student and parent/guardian must sign and return the attached page to be eligible for participation in extra curricular functions.

Both student and parent/guardian must sign and return this page by **February 14** for the student to be eligible for participation in extra curricular functions.

I have read and understand the West Essex Junior High School internal Participation Policy regarding Extra Curricular functions.

Print Student Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



## Authorization for Medical Treatment

Dear Parent or Guardian,

While your child is attending the Washington DC excursion, he/she may need medical attention. To avoid delay in obtaining your consent, to make clear your choice physician and provide other information about your child's needs, please fill out this form and sign it. This form should be left with the person or institution that will be in charge of your child. This authorization will be effective if the School Nurse or person in charge is unable to reach the parents or guardians.

I (We) \_\_\_\_\_  
(parent(s)/guardian(s))

\_\_\_\_\_

(city) (county) (state) (zip)

\_\_\_\_\_

(home phone) (business phone)

do hereby state that I am/we are the parent(s)/guardian(s) having legal custody of:

\_\_\_\_\_

(child's name)

as a minor child, age \_\_\_\_\_, born on: \_\_\_\_\_

who resides with me at \_\_\_\_\_

(address)

If I/we can not be reached, I/we authorize the following person to authorize medical services for my child: \_\_\_\_\_  
Mr. David B. Montgomery, Principal

an adult who works at West Essex Regional Middle School  
in the city of North Caldwell, County of Essex, State of New Jersey, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor, at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

This authorization will expire on

the 21<sup>st</sup> day of May, 2011

\_\_\_\_\_

(parent(s)/guardian(s) signature)

**West Essex Regional School District  
Medical Information**

Dear Parents/Guardians:

In order to meet your child's medical needs during the trip to Washington, D.C., on May 19 through May 20, it is required that the following information be provided.

I understand that if my child must take medication, a required form is to be completed. This includes all over-the-counter (non prescription) medicine. All medications must be in their original containers, and prescription medications in the labeled prescription bottle. Rules regarding administration of medications can be found on **Page 3** of the student handbook and must be adhered to. All medications will be delivered to the Nurse's Office the day **before** the trip.

\*In the event of an emergency, 911 will be called and the student will be transported to the nearest medical facility.

I/we, the undersigned, parent (s) or legal guardian(s) of:

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**(Student's name----please print)**

do hereby authorize West Essex Middle School Nurse/Administration Staff, to whom we have entrusted the care of this minor from May 19-20 consent to any necessary emergency medical or surgical treatment, or any required diagnostic tests, in the event I/we cannot be contacted.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Emergency Phone Numbers**

**Phone # 1** \_\_\_\_\_ **Name** \_\_\_\_\_

**Phone # 2** \_\_\_\_\_ **Name** \_\_\_\_\_

**Phone# 3** \_\_\_\_\_ **Name** \_\_\_\_\_