

Woodland High School

800 North Moseley Drive Stockbridge, Georgia 30281

Office: 770-389-2784 Fax: 770-389-2790

Purvis Jackson
Principal

Jameel Howard
Charlie Walker
Nakia Parks
April Robinson
Assistant Principals

Dear Parents/Guardians of the Class of 2024,

We are excited to announce the upcoming school field trip to Universal Studios in Orlando, FL, to participate in their annual GradBASH event to celebrate the Class of 2024! Attached, you will find important information regarding the trip:

Trip Details:

School Name: Woodland High School

Trip Date: April 25-27, 2024

Destination: Universal Studios - Orlando, FL

Purpose: To celebrate the Class of 2024

Itinerary:

Departure: April 25th @ 5:00 AM

Return: April 27th @ ~10:00 PM

You will find a more detailed itinerary in this packet.

Accommodation:

We will lodge with Best Western Hotel - Orlando Gateway (7299 Universal Blvd, Orlando, FL 32819). Each student will share a room with three others.

Meals:

Continental breakfast provided by the hotel; students are responsible for lunch and dinner.

Transportation:

Charter buses will be provided by MTI Limo and Shuttle Services, Inc.

Self-transportation is not allowed during the trip.

Cost:

The total cost for the trip is \$667. This price includes transportation, lodging, tickets to all events/destinations, and night security. **All payments submitted are non-refundable.**

Important Guidelines:

- Other than swimwear worn in appropriate and designated areas, Woodland High School dress code will be enforced throughout the trip.
- Students are prohibited from possessing illicit items, including, but not limited to, drugs, alcohol, weapons, unapproved prescription medications, vapes, and e-cigarettes.
- Each student will be assigned a chaperone. Your assigned chaperone will assume the role of 'in loco parentis,' serving as a responsible authority figure who should be regarded with respect.
- Students must accompany/be accompanied by their trip "buddy" at all times.
- A strict curfew, set by group leaders and chaperones, will be enforced. A Security Officer will be on patrol to ensure compliance.

Failure to abide by these guidelines will result in immediate dismissal from the trip at the expense of the parent.

Payment Information:

Payments will be split into a monthly schedule. The breakdown of that is below:

Due Date:	Amount:	Due to Whom:
10/20/23	\$100	WHS - payable via MySchoolBucks
11/15/23	\$125	Due to Adventure Student Travel (more details on submitting payment found in this packet)
12/15/23	\$125	
1/15/24	\$125	
2/15/24	\$125	
3/15/24	<i>Remaining Balance</i>	

This Packet:

The following documents are included in this packet. Please review all attached documents and return any signed forms to the Front Office or to one of your trip leaders.

1. Detailed Trip Itinerary (**you keep**)
2. Instructions for submitting payment to Adventure Student Travel (**you keep**)
3. Payment Plan Acknowledgement Form (**you keep**)
4. Payment Plan Acknowledgement *Signature* Form (**please return**)
5. Field Trip Behavior and Expectations Student Agreement (**please return**)
6. Non-Athletic Co-Extra Curricular Permission Slip (**please return**)
7. Emergency Information/Informed Consent Form (**please return**)
8. Written Authorization for Self-Administration of Medication (**if needed, please return**)

Chaperones:

We are in need of chaperones! If you are a parent/guardian and are interested in chaperoning this trip, please email one of our group leaders.

If you have any questions or concerns, please do not hesitate to contact your group leaders. We look forward to a memorable and enriching experience at Universal Studios with the Class of 2024!

Joshua Woods - joshua.woods@henry.k12.ga.us
LaFrey Ponder - lafrea.ponder@henry.k12.ga.us
Tomeca Howard - tomeca.howard@henry.k12.ga.us



Call Toll Free
877-397-5700

Woodland High School

Orlando 3-Day GRAD BASH

DAY 1: April 25, 2024

5:00 AM Depart on Motor coach from Stockbridge, GA

(All Rest stops/Meals on own)

1:00 PM Arrive in Orlando!

Sea World

7:00 PM Depart for Hotel

Hotel Check In

Pizza Party at Hotel

Night Security (11-5)

DAY 2: April 26, 2024

Breakfast at Hotel

11:00 AM Depart from Hotel

Premium Outlet

Lunch on own

Universal Grad Bash

Dinner on own

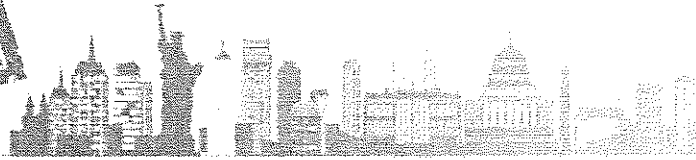
2:00 AM Depart for Hotel

Arrive at Hotel

Night Security (11-5)

DAY 3: April 27, 2024

Breakfast at Hotel



Call Toll Free
877-397-5700

Hotel Check-Out

10:00 AM Depart from Hotel

Universal City Walk

Lunch on own

2:00 PM Depart on Motor Coach for Home

(All Rest stops/Meals on own)

10:00 PM Arrive at Home

Itineraries are subject to change including, but not limited to traffic, crowds, Covid-related restrictions, and weather



Call Toll Free
877-397-5700

We are very excited to be planning a trip for Woodland High School to Orlando, FL GRAD BASH on April 25-27, 2024.

After you have paid your initial \$100 deposit to your MySchoolBucks account (deadline is October 20, 2023), you will need to sign up on Adventure Student Travel website (www.adventurestudenttravel.com) by November 1, 2023. Once you're on the webpage, click on My account (at the top of the screen on the right-hand side) and enter the following **Tour Code:**
GRADBASH24

If you are on a cell phone, the 3 lines at the top are a drop-down menu and on the bottom you will find the my account there.

If you have any questions, please contact one of your Group Leaders:

Joshua Woods – joshua.woods@henry.k12.ga.us

Tomeca Howard – tomeca.howard@henry.k12.ga.us

LaFrey Ponder - lafreya.ponder@henry.k12.ga.us

Class of 2024 Trip - Payment Plan Acknowledgement Form

Below is the monthly payment schedule for our Senior Trip to Orlando, FL:

Please note that all payments are NON-REFUNDABLE

Due Date:	Amount:	Due to Whom:
10/20/23	\$100	WHS - payable via MySchoolBucks
11/15/23	\$125	Due to Adventure Student Travel (more details on submitting payment found in this packet)
12/15/23	\$125	
1/15/24	\$125	
2/15/24	\$125	
3/15/24	<i>Remaining Balance</i>	

Initial Deposit:

The initial deposit is \$100. It is due on October 20th. This deposit can be submitted to MySchoolBucks (www.myschoolbucks.com).

To submit this payment, follow these steps:

1. Download the app or visit the MySchoolBucks homepage and click on “Sign Up Free”.
2. Create a user profile with your email address, establish a password, and set up your security questions.
3. Add a Student to your account using the student’s name, date of birth, and/or student ID number. (Some schools and districts may require either the student’s date of birth or student ID number.)

Now you’re ready to make payments!

Future Payments:

After the initial deposit, all future payments will be paid directly to our travel agency, Adventure Student Travel. Each payment is due on their respective due date, and can be submitted on the Adventure Student Travel website (www.adventurestudenttravel.com).

To submit these payments, follow these steps:

1. Visit the AST website and click “My Account”.
2. Enter the trip code “GRADBASH24” and create your account

Now, you’re ready to make payments!

Financial Hardship:

We understand that finances can be a hardship for some families. At any time, if you find yourself facing difficulty in meeting these deadlines, please send an email to one of our trip leaders and we will reach out and discuss options available.

Class of 2024 Trip - Payment Plan Acknowledgement Form - Signature Form

Please review the monthly payment schedule and initial next to each payment due date.

Please note that all payments are NON-REFUNDABLE

Due Date:	Amount:	Student Initial	Parent/Guardian Initial
10/20/23	\$100		
11/15/23	\$125		
12/15/23	\$125		
1/15/24	\$125		
2/15/24	\$125		
3/15/24	<i>Remaining Balance</i>		

I, the undersigned student, have reviewed the payment plan for the Class of 2024 Trip to Orlando, Florida. I understand that the initial \$100 deposit is due to Woodland High School directly, and can be submitted via MySchoolBucks. I understand that the remaining balance will be paid directly to the travel agency contracted by Woodland High School, entitled Adventure Student Travel. I understand that my attendance on this trip depends on the full payment of my trip fee. I acknowledge that if I find myself facing difficulties submitting payments, I will reach out to the group leaders to discuss options available. **I understand that all payments are non-refundable.**

STUDENT NAME: _____

STUDENT SIGNATURE: _____

DATE: _____

I, the parent or guardian, have reviewed the payment plan for the Class of 2024 Trip to Orlando, Florida. I understand that the initial \$100 deposit is due to Woodland High School directly, and can be submitted via MySchoolBucks. I understand that the remaining balance will be paid directly to the travel agency contracted by Woodland High School, entitled Adventure Student Travel. I understand that my student's attendance on this trip depends on the full payment of their trip fee. I acknowledge that if I find myself facing difficulties submitting payments, I will reach out to the group leaders to discuss options available. **I understand that all payments are non-refundable.**

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



**HENRY COUNTY SCHOOLS
FIELD TRIP BEHAVIOR AND EXPECTATIONS
STUDENT AGREEMENT**

I, _____ (print student name), understand and agree to follow the rules and expectations listed below while on my overnight field trip to Universal Studios Orlando- Grad Bash (print date(s) and location(s) of field trip).

1. I understand that this is a school approved field trip and that Henry County Schools Student Code of Conduct applies to my conduct during this field trip. I agree to follow the Student Code of Conduct while on the field trip and understand that I may be disciplined upon my return if I violate the Student Code of Conduct during this trip.
2. I will conduct myself with maturity, courtesy, and respect toward all parties participating in the field trip, including, but not limited to, my classmates, chaperones and teachers.
3. I realize the chaperones/teachers are responsible for my welfare and the welfare of the group. Accordingly, I will obey their instructions at all times. I also understand the sponsoring teacher(s) has the final authority and the right to administer consequences for any students who are in breach of this agreement.
4. I acknowledge this is an educational trip. I realize my participation in all group meetings, meals, tours, excursions, and other scheduled events is mandatory. I realize that I will only be exempt from participating in scheduled events if I am ill and I obtain prior permission from a chaperone/teacher to miss an event.
5. Allocation of free time is at the discretion of the chaperone/teacher. I will never go off alone or make any unplanned trips or excursions while on the field trip. I will carry the name, address, and phone number of the chaperones/teachers with me at all times. I will keep a chaperone/teacher informed of my whereabouts at all times.
6. I understand I must stay at the accommodations arranged by the school. Exceptions to this rule will be made only by prior arrangements, with the principal, parent(s)/guardian(s) and sponsoring teachers.
7. I will remain at my assigned lodgings from 10:00 P.M. to sunrise or a time designated by the sponsor. I understand that boys' rooms are off limits to girls and vice versa. I understand I am not to leave my assigned lodgings after curfew unless I am accompanied by a chaperone/teacher. In case of emergency, I will immediately contact a chaperone/teacher.
8. I will respect public and personal property. I understand any damages incurred to public property or personal property as a result of my conduct will be my responsibility. I understand Henry County Schools is not liable for any damage that may occur to my personal property on the field trip.
9. I will not drink alcohol, smoke, use other tobacco products, or use illegal drugs and/or medication that is not prescribed to me during this trip. I will not accept or transport any of these items.
10. I understand that if I do not follow the rules and expectations listed above, or if I engage in illegal activity, I may be required to come home early. I understand my parent(s) will be financially responsible for making arrangements to send me home.

I, _____ (print student name), have read the rules and expectations listed above and agree to abide by them. I understand that I may be disciplined and/or sent home early if I fail to adhere to these rules and expectations.

Student Signature

Date

Parent Signature

Date



HENRY COUNTY SCHOOLS
NON ATHLETIC CO-EXTRA CURRICULAR
PERMISSION SLIP - FORM A

Teacher Name/Grade: Class of 2024

Destination: Orlando, FL - Universal Studios

Departure Date & Time: 4/25/2024 - 5am

Return Date & Time: 4/27/2024 - ~10PM

Donation Amount (no student will be denied access to a field trip for monetary reasons; however, if donations do not cover the cost of the trip, the outing may be cancelled): \$667

Chaperones Requested: Yes No

Lunch: Child will be allowed to buy a school lunch, or bring a lunch from home.

Child will be allowed to buy a school lunch, bring a lunch from home, or purchase lunch at an outside vendor.

Transportation will be provided by in the following manner: HCS bus transportation

Other method (please sign below) ~~RELEASE~~
MTI LIMO and Shuttle SERVICES

To be filled out by parent/guardian

Please complete and return by: 10/20/2023

Student Name: _____

My child has permission to attend the field trip.
 My child does not have permission to attend the field trip.

My child will buy a school lunch. I would like to be a chaperone.
 My child will bring a lunch from home. I (parent) will bring my lunch.
 My child will bring monies for lunch to purchase from a vendor. I (parent) will purchase a school lunch.

My child has medication that should be administered during this trip. (School please attached IHP.)

CONSENT

If any emergency medical procedure/treatments are required by the student during the trip, I consent to the trip's supervisor taking, arranging for, or consenting to the procedures or treatment at his or her discretion. I further release and waive any claim which I or any other person, firm, corporation, or entity may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering or emergency medical procedures/treatment, if any. I further agree to indemnify and hold harmless and reimburse the Henry County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representatives thereof, as well as the trip supervisor from and for any and all claims and losses.

Signature(s) of Parent(s) or Guardian(s) _____ Date _____

Other Transportation *RELEASE*

~~If other transportation is indicated (i.e., no HCS bus transportation), please fill out below:
While the Henry County School District provides transportation through the utilization of the District bus fleet for many extracurricular events, in some cases school sponsored transportation is not available. In these instances, it is necessary for the parent/guardian to make arrangements for transportation. The Henry County School District strongly discourages students from riding with other students to and from extracurricular events and to this end, district employees shall not assign students to ride with other students.~~

~~I, _____, parent or guardian of _____ (student), hereby give my permission for my student to ride with the parent volunteer/sponsor to/from the designated extracurricular event:~~

~~Signature (s) of Parent(s) or Guardian(s) _____ Date _____ Phone Number _____~~



**HENRY COUNTY SCHOOLS
PARENT/GUARDIAN FIELD TRIP
PERMISSION/EMERGENCY INFORMATION
INFORMED CONSENT FORM**

Field trip information

I hereby give my permission for _____
(Name of student)

who attends Woodland High School
(Name of school)

to participate in a field trip to Orlando, Florida
(Destination)

on 4/25/2024 from 5AM to 4/27/2024
(Date) (Time departs) (Time returns)

for the purpose of Attending Universal Studios Grad BASH
event

Class/Club/Team: Class of 2024

Staff contact: Woods, Ponder, Howard Phone Number: (770) 389-2784

Transportation for this activity will be provided by:

District bus/vehicle
 Other (specify) Charter Bus

Food will be provided at/by: Student's are responsible for meals

I received a detailed itinerary of the trip _____ Yes _____ No

I received a list of things the student should/should not bring _____ Yes _____ No

Medical/emergency information

Student home phone #: _____ Date of birth: _____

Student's Address: _____

Family Physician: _____ Phone #: _____

Does the student have any medical or physical condition, medication information, or allergies which could interfere with the student's safety? ____ Yes ____ No

If yes, please describe: _____

In the event of an emergency (injury, illness, unforeseen incident), I wish the following person to be notified in case I cannot be contacted:

Name: _____ Relationship: _____

Phone #: _____ Alternate phone #: _____



HENRY COUNTY SCHOOLS
PARENT/GUARDIAN FIELD TRIP
PERMISSION/EMERGENCY INFORMATION
INFORMED CONSENT FORM

Informed consent

As the parent/guardian of the above named student, I have read the field trip itinerary and I understand that there may be risks of physical injury associated with participation in these activities.

I authorize emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither he/she nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

These activities are an extension of the school education program and student conduct is to be in accordance with the school's published rules and regulations.

Signature of parent/guardian

Date

Printed name of parent/guardian

Parent/guardian work phone

Home phone #

Cell phone #

I pledge that my conduct will, at all times, reflect credit upon myself, my parents, and my school. I understand that the school rules of conduct apply while on the trip.

Signature of student

Date



**HENRY COUNTY SCHOOLS
PARENT/GUARDIAN FIELD TRIP
PERMISSION/EMERGENCY INFORMATION
INFORMED CONSENT FORM**

**Written Authorization for Self-Administration of Medication
by Minor Children at School**

** A current prescription and physician's signature must be provided with this documentation.*

Student Name: _____
Date of Birth: _____ **Grade:** _____

I, _____, Parent/Legal Guardian of the above-named student hereby request authorization for self-administration and possession of asthma medication, epinephrine auto injector, or diabetic medication by this student while in school, at a school sponsored activity, while under supervision of school personnel, and while in before-school or after-school care on school operated property. The student demonstrates full understanding of the proper use of his/her medication.

I understand that:

- the school district and its employees and agents shall incur no liability for: a) any injury to the student caused by his or her self-administration of medication except for injury caused by willful or wanton misconduct; b) the student's use, misuse, overuse, or neglected or failed use of his or her medication; and c) lost, misplaced, outdated, inaccessible, empty, or faulty medication and devices
- the school may choose to require supervision of medication administration in the event that the student does not demonstrate appropriate use or proper technique with medication
- the school has the authority to enforce rules and consequences for inappropriate behavior demonstrated by the student in association with the possession and/or self-administration of medication and that the school has the authority to require supervision of medication use as deemed appropriate for the safety of all students and staff

I take sole responsibility for:

- the monitoring of medication, medication use, and refilling of prescriptions for medication as the school will not be responsible for the supervising, recording, and monitoring of self-administered medication
- ensuring the student always carries his/her medication on his/her person
- deciding if back-up medication will be kept at the school and providing the school with the back-up medication
- informing school staff in writing of any changes in the student's treatment or management
- informing the school of any exacerbations, hospital visits, and/or new or changed student medical information
- informing school staff in writing of any medication side effects that warrant communication to the parent/guardian
- coordinating distribution of the student's medical management and emergency plan to school staff (school health worker, teachers, physical educators, coaches, bus driver, before-school and after-school staff)

I understand and agree to the conditions of the school system policy. I permit the school to seek emergency medical treatment for the student when deemed necessary and appropriate. I accept legal responsibility should the medication be misused or given or taken by a person other than the above named student. I release the Henry County School System and its employees and agents of any legal responsibility related to the above named student's possession and self-administration of his or her medication.

Parent/Legal Guardian Signature _____
Date

I, _____, the above-named student have been instructed in the proper use of my prescription medication and fully understand how and when to use this medication. I will always carry my medication with me and will not allow another student to use my medication under any circumstance. I understand and agree to the terms of the school policy.

Student's Signature _____
Date

The above named student has been instructed and demonstrates understanding of the proper use of his/her medication. It is my professional opinion that the student be permitted to carry and self-administer his/her medication. I have provided the parent/guardian with a written emergency/management plan including the name, purpose, dosage, and administration directions of the medication.

Physician's Signature _____
Date