

O. W. BEST Middle School

8th Grade Cedar Point Trip



On Friday, June 7, 2024 O.W. Best's 8th grade class will be going to Cedar Point as an end of the year class activity. In order to attend the following requirements were set:

1. No more than two out-of-school suspensions from 9/6/2023 – 6/6/2024
2. No more than five office referrals that do not result in suspension from 9/6/2023 – 6/6/2024
3. Meet administrator/teacher review
4. No drug, alcohol or tobacco violations from 9/6/2023 – 6/6/2024
5. Administrative Discretion

Students failing to meet these standards will forfeit \$50 of the \$100 fee. The \$50 represents the transportation cost, which is non-refundable for the school. If any of the above requirements are not met at any time, the \$50 deposit will not be refunded.

Students will be expected to arrive at school between 6:45 a.m. and 7:00 a.m. on Friday, June 7, 2024. Buses will be leaving promptly at 7:30 a.m. National Trails will be the bus service we use. If your child is not present by 7:30 a.m. that morning, we will leave without him/her and the transportation or ticket fee will not be refunded.

Once in the park, students will be required to stay with their "partner" the entire time. They will also be required to check in with their chaperone at 1:00 p.m. at Starbucks in the front of the park. Lunch and drinks are the responsibility of each student. All students will be expected to report back to Starbucks at 6:15 p.m. for check in. Buses will leave the park by 7:00 p.m. arriving back at Best Middle School approximately 9:30 p.m. All students are expected to have a ride home waiting for them when the bus returns to O. W. Best.

In case of emergency it is imperative that accurate information be supplied on the form included with this letter, especially a number WHERE A PARENT CAN BE REACHED. In many cases, first aid cannot be administered without parental consent.

The 8th grade staff is looking forward to spending a pleasant day at the park. If you are a parent or guardian of an 8th grade student and would like to chaperone, please complete the chaperone and record check forms attached. Chaperones attend for free. A lottery system will be used if more chaperones sign up than are needed.

Cedar Point

Payment Information and Schedule



**Payment must be made by Check and Money Order to
O. W. Best Middle School**

Payment and forms due dates:

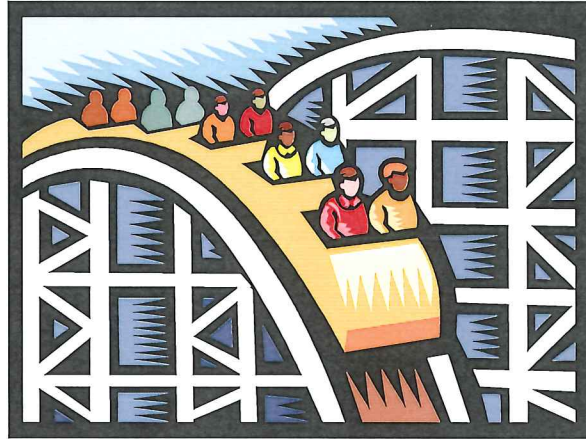
**January 31, 2024--- \$50, behavior agreement, parent
consent, and medical emergency release forms**

March 20, 2024 --- \$50 Final Payment Due

All payments must be received on or before the above date to avoid being removed from the trip. Please make checks payable to O.W. Best Middle School.

The initial payment on January 31, 2024 is required to be placed on the attending list.

Cedar Point Behavior Agreement



In order to participate in the Cedar Point 8th Grade Trip, each 8th grader must meet the following criteria:

1. Earn no more than two out-of-school suspensions from 9/6/23-6/6/24
2. Earn no more than five office referrals that do not result in suspension from 9/6/2023 – 6/6/2024
3. No drug, alcohol or tobacco offenses from 9/6/2023 – 6/6/2024
4. Meet administrator/teacher review. Administrative discretion.
5. Turn in parent consent, medical emergency, and behavior agreement forms by January 31, 2024

Meet each of the two payment dates:

- January 31, 2024 (non-refundable)
- March 20, 2024

You may choose to pay for the trip before the due dates.

I understand these stipulations and realize that if I decide not to attend the trip or fail to meet these requirements I will forfeit \$50.00 (transportation costs) of my \$100.00 fee and only receive back \$50.00 (cost of ticket). If only \$50 was paid at the time, that \$50 will be not returnable.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Student Guidelines Cedar Point Trip

Schedule

- **Please meet at Best on June 7th at 6:45 a.m. for check-in near the Rec Center where the buses will be parked. We will leave Best promptly at 7:30 a.m.**
- Chaperones pick up your packets from Ms. Brown or Mr. Allen
- List of groups will be posted
- Bus assignments will be posted. Please check in with the bus captain upon boarding the bus.
- **Check-in at Starbucks at 1:00 p.m.**
- **Check in at Starbucks at 6:15 p.m. Buses will leave promptly at 7:00 p.m.** Please check in with the bus captain upon boarding the bus.

Guidelines for Student Behavior

- Failure to check-in with the chaperone or committing a violation of the student code of conduct may result in immediate detention.
- School rules that govern student behavior will be enforced.
- Students who have questions or concerns should contact the chaperone or Ms. Brown or Mr. Allen at **313-999-6743 or at Starbucks (home base).**

Dress Code

- Students are allowed to wear shorts and shirts without sleeves. Please make sure the shorts and shirts are otherwise school appropriate.
- Wear secure shoes. Students may wear flip flops, but beware; they may fall off on a ride.
- Snacks are allowed on the bus.
- Bring sun screen.
- Bring a set of sweats or something comfortable to wear on the bus.
- Do not bring valuables like jewelry, keys or items that may fall out of pockets on the rides.
- Students may bring cell phones
-

Restricted areas:

- Students are not allowed to leave the park for any reason.
- Students are not allowed to enter Soak City.
- The Cedar Point Resort and beach are off limits.

DEARBORN HEIGHTS SCHOOL DISTRICT #7

EMERGENCY MEDICAL AUTHORIZATION PERMIT

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized _____ Date _____
Signature of Parent/Guardian

Child's Name _____
(Last) (First) (Middle)

School _____ Grade _____ Teacher _____

Birthdate _____ Sex _____ Telephone _____

Parent or Guardian Names _____

Home Address _____

Mother's Employment _____ Telephone _____

Father's Employment _____ Telephone _____

Doctor Preferred _____ Telephone _____

Doctor's Address _____

Dentist Preferred _____ Telephone _____

Dentist's Address _____

Insurance Company _____ I.D. No. _____

Important Medical Information

Allergies _____

Current Medications or Treatments _____

Previous Operations or Hospital Confinements _____

Other: _____

DEARBORN HEIGHTS SCHOOL DISTRICT #7

PARENT CONSENT FOR PARTIALLY-UNSUPERVISED TRIP

I, _____ (Parent's Name), permit my child, _____, to participate in the trip to Cedar Point on June 7, 2024.

I understand that this trip is part of the District's educational program and provides a learning experience of educational value to my child. I further understand that the following activities associated with this trip are such that my child cannot be supervised by school staff during certain segments of the trip:

Students will be required to stay with a partner and check-in with the chaperone during the day at Cedar Point. Students may bring cell phones. A teacher or school administrator will stay at Starbucks (Homebase), at all times should a student need to contact an adult. School representative will exchange phone numbers with students.

In light of the above, I hereby give consent to my child's participation in the trip and in the unsupervised activities.

Parent

Date

Cedar Point Chaperone Form

I am interested in chaperoning the 8th grade Cedar Point trip on Friday, June 7, 2024. I understand that in the event that more than the needed amount of chaperones sign up, a lottery system will be used. I also understand that as a chaperone, I will adhere to the rules and requirements set forth by O.W. Best Middle School.

Name _____

Phone Number _____

Child's Name _____



DEARBORN HEIGHTS SCHOOL DISTRICT NO. 7

Online Criminal Record Check

It is this agency's policy to secure criminal history conviction information as part of its screening process using the information provided below.

NOTE: Volunteers, indicate below all buildings or programs for which you wish to volunteer

- | | |
|---|---|
| <input type="checkbox"/> Bedford Elementary School | <input type="checkbox"/> Madison Elementary School |
| <input type="checkbox"/> Polk Elementary School | <input checked="" type="checkbox"/> O.W. Best Middle School |
| <input type="checkbox"/> Pardee Elementary School | <input type="checkbox"/> Annapolis High School |
| <input type="checkbox"/> Athletic Dept. | <input type="checkbox"/> Child Care Dept. |
| <input type="checkbox"/> Miscellaneous, Please Specify: _____ | |

Name: _____
Last First Middle

Maiden name(s) previously used: _____

Birthdate: _____ Race: _____

Sex: _____

Student(s) Name: _____

Relationship to Student: _____

I understand that the above information is required by the Central Record Division of the Michigan State Police Lansing, Michigan. I authorize Dearborn Heights School District No. 7 to utilize the above information for the sole purpose of obtaining a "conviction only" history file search.

Applicant Signature _____ Date _____

District Representative Signature _____ Date _____