



Richard Beasley Elementary School

PROUD SCHOOL OF HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD

80 Currie Street
Hamilton, Ontario L8T 3M9
Phone: 905.387.5655
Fax: 905.387.4354

EMAIL: richardbeasley@hwdsb.on.ca
PRINCIPAL: Mrs. J. Corbin Harper
www.hwdsb.on.ca/richardbeasley

April 29th, 2024

Dear Parents/Guardians,

Tuesday, June 25
On ~~Wednesday~~, June 26, 2024 the grade 1 to 5 classes will be attending an end of year trip to Splitsville Bowling in Hamilton. Students will leave the school at 9:30 a.m. and return by 12:00 p.m. The overall cost of the trip is \$18.00; however, the school will be subsidizing \$12.00 so students will be asked to pay \$5.00 ONLY. The payment of \$5.00 is currently online for payment. If you do need to send cash, please make an effort to send the exact amount as we do not keep change in the school. PLEASE RETURN THIS FORM ALONG WITH THE SIGNED PERMISSION FORMS & PAYMENT TO YOUR CHILDS TEACHER NO LATER THAT THURSDAY, JUNE 6, 2024.

We will also be offering a Hotdog Lunch as the lunch option being offered by the Bowling Alley was a bit pricey. The students will return to school about 12:00 p.m. and have their lunch, then they will be offered a dance session in the afternoon. Order forms for lunch are included in this package, along with the trip forms.

This trip will give our students the opportunity to practice and reinforce the following learning skills: responsibility; collaboration and self-regulation. It will also help students to continue to build their gross motor skills; improve motor planning and coordination (players must use their arms and legs simultaneously, which is difficult for many) and enhances problem solving skills (helps improve strategic thinking skills as well as encourages the use of trial and error).

Parents/Guardians are also invited to volunteer for this trip if they have a valid police check. Please ensure that the school has viewed your valid/current police check. Volunteers will be on a first come, first chosen basis. Please note that we will only be allowed to have 2/3 volunteers per classroom depending on classroom numbers.

If you are interested in volunteering, please include your information on your child's trip form. We will inform you as soon as possible if you have been chosen so you can make suitable arrangements if needed.

Thank you for continuing to work with us and being a partner in your child's education.

Yours sincerely

Melissa Slattery
(Teacher in Charge)
(On behalf of the Gr 1-5 Team.)

** Keep at Home **



PARENT/GUARDIAN INFORMATION LETTER

Choose School Name

School Phone:

Date *May 3rd, 2024* Please keep this form at home for your information

Dear Parent/Guardian:

As an extension of the curricular program, the Grade 1-5 classes is/are planning an excursion.

Location: Splitsville Hamilton

Activity: End of year trip - Bowling

Date(s)/Time(s) Leaving the School: June 25, 2024 9:45am

Date(s)/Time(s) Returning to School: June 25, 2024 12:00pm

Transportation Method: Sharp Bus Lines

Non-Staff Volunteers/Drivers will not be participating in this activity.

The cost per pupil for the excursion is \$ 5.00

We encourage you to pay online, cash is also accepted.

Students are required to bring: n/a

The excursion is part of the regular school program. It is intended the students will learn:

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*

We are looking forward to an exciting and educationally enriching excursion. Please indicate your acceptance of the conditions outlined above by completing and returning to the school the attached consent form by 06-Jun-2024

Volunteers Volunteer Drivers are needed. Please contact your child's teacher if interested.

Please contact your child's teacher or the School Principal if you have any concerns or if your child requires any special accommodations for this activity.

Sincerely,

Melissa Slattery

(Teacher in Charge)

Jo Ann Corbin Harper

(Principal)



** Return to school*
PARENT/GUARDIAN CONSENT FORM

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: Richard Beasley

Date of Excursion: June 25, 2024

Location: Splitsville Hamilton

Activity: End of year trip - bowling

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. Trips/Slips
- 2. Bruises
- 3. Falls/bumps
- 4. sprains

- I/We acknowledge receipt of the letter dated _____ from the school with respect to the upcoming student excursion. We authorize transportation by Sharp Bus Lines
- 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 Reliable Life 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

I am interested in volunteering. Please contact me to initiate the volunteer screening process.



**STUDENT EMERGENCY MEDICAL/CONTACT
INFORMATION FORM**

Choose School Name

Please return this form to the school

Excursion Location: Splitsville Hamilton

Date(s) of Excursion: June 25, 2024

Grade(s): Grade 1-5

Class/Course/Group:

At the conclusion of this excursion/series of excursions, this form will be shredded by the school.

To be completed by the parent/guardian:

Surname: _____ First Name: _____ Middle Name: _____

Date of Birth: _____

In the event of an emergency during this excursion, please list in order of priority who should be contacted:

Name	Relation (e.g.: parent, uncle, friend)	Preferred Contact Telephone #	Alternate Contact Telephone #	Pickup Student Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical Information required for this excursion to be used by Teacher/Supervisors:

Allergies: _____ Life Threatening: Yes No

_____ Epipen: Yes No

Other Medical Conditions/Restrictions/Limitations: _____

Are there any medical concerns/specific instructions related to this excursion (please attach additional information if necessary): _____

FOR OUT OF PROVINCE/COUNTRY EXCURSIONS ONLY

Medical Insurance Provider: _____ Policy Number: _____

Provider Contact Telephone: _____ Proof of Coverage: Yes No

Consent of Parent/Guardian

I/We understand that in the event of a medical emergency, while on the excursion, medical officials can authorize emergency medical care. This would apply when a serious condition exists and the Hamilton-Wentworth District School Board and medical officials have been unable to contact the parents/guardians.

Parent/Guardian Signature: _____ Date: _____

Information on this form is collected under the legal authority of the Education Act and in accordance with the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. It will be used only in the event of an accident or illness of the student attending the excursion. Questions or concerns should be directed to the school principal.