

Lincoln Public Schools  
Lincoln, Massachusetts

**LATE NIGHT AND OVERNIGHT FIELD TRIP PROPOSAL**

**» to be submitted 3 months prior to approval date «**

**Please refer to School Committee Policy File: IJOA**

School: Lincoln Public Schools Grade(s): Sixth Grade

Number of Students: 62 Students % Class/Group: 100

Destination: Museum of Science

Address: 1 Science Park, Boston, MA 02114 Telephone# 617-589-0350

Dates: Thursday, October 16, 2014 – Friday, October 17 2014

Departure Time: 12:30 Pm Return Time: 2:15 PM

Costs for the Trip:

See attached Spread Sheet

Supervising Teacher: David Trant, Sixth Grade Science Teacher

Teacher(s)/Chaperone(s) Name (Print)\*

Signature

David Trant

Shirley Daniels

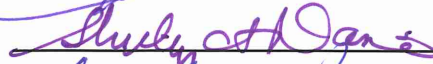
Kerrilyn Rawding

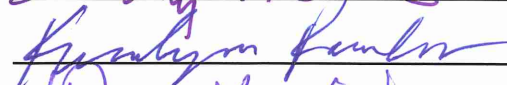
Wendy Glosband

Catherine Smits

Maureen Richichi











SIGNED BELOW

\*If chaperones are not identified at the time the trip is proposed, a complete list must be provided by the supervising teacher to the Principal prior to departure.


Have arrangements been made to ensure that all students can participate? ☒ yes ☐ no  
Describe: \_\_\_\_\_

The museum of science is committed to a serving individuals of all needs.

Who will be responsible for: first aid D Trant & M Richichi medications M Richichi


epi pen D Trant & M Richichi

Nurse Contacted: ☒ Yes ☐ No

  
Nurse's Signature

5/8/14  
Date

☒ Approved

  
Principal's Signature

5/8/14  
Date

☐ Disapproved

☐ Approved

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date

☐ Disapproved

Attach statements addressing each of the following: relevance to educational program and explanation of purpose of trip; destinations and itinerary of trip; explanation of transportation plan; explanation of arrangements for accommodations; copies of information and communications to be given to parents; agenda for parent information meeting(s). [See Policy IICA for more details.]



LINCOLN PUBLIC SCHOOLS  
BALLFIELD ROAD  
LINCOLN, MASSACHUSETTS 01773  
781-259-9400

## Sixth Annual Museum of Science Overnight Sixth Grade Field Trip Proposal

Prepared by David Trant for School Committee Consideration

Proposed Dates: Thursday, October 16 – Friday, October 17, 2014.

Attachments: Late Night/Overnight Field Trip Proposal  
Cost Spread Sheet  
Permission Slip  
Parent Information Handout  
Hanscom Middle School Inclusion

### **An introduction from the Museum of Science, Boston:**

"Ever wonder what happens to the Museum at night? The learning and fun continue with our Overnight Program for students in grades 1 - 7 and their adult chaperones. Discover science in an entertaining, educational, and interactive way through experiments, a Theater of Electricity Lightning! show, an Omni film, and much more. Plus, where else do you have a chance to sleep under a dinosaur or a giant grasshopper?"

Copied from the Museum of Science Web Page. For more information you can visit their website at [http://www.mos.org/events\\_activities/overnight\\_program](http://www.mos.org/events_activities/overnight_program).

We, the sixth grade team, have discussed this fieldtrip proposal on numerous occasions and unanimously agree that this is a wonderful opportunity that we would like to provide to our students. On an informal survey, students rank this as 9+ out of 10. We feel that it provides a rich social opportunity, content that is directly related to curriculum and a unique opportunity to spend the night in a museum. We feel very confident that Lincoln students will benefit from this experience.

### **Connection to Sixth Grade Curriculum**

There is a direct connection to the sixth grade science Astronomy Unit. In science, students will have studied the 3 dimensional orientation of the Earth, Moon and Sun in space. They will also be taught to use the background star-scape to provide observational evidence that proves the known motion inside our solar system. We will also discuss the life cycle of a star. These are just some of the topics covered in science class that will be highlighted by this field trip. The museum of Science, Boston is going to offer a rich and multi-sensory astronomical experience that cannot be taught in a classroom. I feel that a visit to the Museum's planetarium will be awesome.

Kerrilynn Rawding, sixth grade math teacher, has actually created a Scientific Math Tour of the Museum of Science for a previous teaching experience. This is an awesome lesson in the day-to-day application of mathematics that will provide students the opportunity to see their math instruction occurring before their eyes. Shirley Daniels has also discussed various ways to incorporate follow-up writing assignments into her English lessons.

### **Trip Specifics**

Our plan is to depart school on Thursday afternoon. We will walk to the Train station in small groups with chaperones and take the train into North Station where we will walk to Faneuil Hall. Students will be in small groups (5-7) and assigned to a chaperone to go on a local scavenger hunt which we plan to tie into the 5 Themes of Geography. Students will also purchase their dinner. We will depart Faneuil Hall on foot around 5:00 for the Museum of Science. (Based upon what time our MOS orientation is schedule.) We will spend the night at the Museum of Science and participate in the activities presented by the Museum Staff. Due to feedback that students gave last year, (they wanted more time to

explore the exhibits) we have decided to extend the amount of time that we are at the museum on Friday morning. We will depart the MOS and walk to North Station for our return train ride to Lincoln. The plan is to return to Lincoln for lunch but I am still in negotiations with the Commuter Rail to confirm that we will be permitted on to the appropriate train. If this does not work out properly, we will need to stay at the museum and have lunch before returning.

I have attached a sample Museum Of Science Schedule for your information. If we receive support for this trip, we will begin working with the Museum of Science to create a tailored schedule for us. The cost of the trip is \$55.00 per student due to the generous support of the Lincoln PTA. I have also included a copy of the Museum of Science Overnight Information for Adults because I feel it was the most informative and condensed document the Museum has provided us with. I feel it demonstrates the organization and commitment that the museum has towards providing an engaging, educational and exciting program.

Thank you very much for your consideration of this proposal and the opportunity to speak with you regarding what I feel will be a wonderful learning opportunity for our students.

David Trant  
Sixth Grade Science Teacher

Lincoln Public Schools  
Lincoln, Massachusetts

**LATE NIGHT AND OVERNIGHT FIELD TRIP PROPOSAL**

» to be submitted 3 months prior to approval date «

Please refer to School Committee Policy File: ICCA

School: Lincoln Grade(s): Eighth  
 Number of Students: 52 % Class/Group: 100  
 Destination: Washington, DC  
 Address: \_\_\_\_\_ Telephone# \_\_\_\_\_  
 Dates: May 26-May 29, 2015  
 Departure Time: 6:00am Return Time: 10:00pm

## Costs for the Trip:

Transportation: 2 # of Buses \$ included

Admissions: 52 # students x \$ 730 /each = \$ 37,960  
 \_\_\_\_\_ # adults x \$ \_\_\_\_\_ /each = \$ \_\_\_\_\_

Total

\$ 37,960

Accommodations:

\$

Teacher Stipends (overnight trip): 5 # teachers x \$ 450 /each

\$

\$ (-2,250)Other paid out of school budget

\$

Other \_\_\_\_\_

\$

TOTAL

\$

Cost Per Student:

\$

730Supervising Teacher: Steve Cullen

Teacher(s)/Chaperone(s) Name (Print)\*

Signature

Steve Cullen

Steve Cullen

Julie Reynolds

Julie Reynolds

Jennifer Herbert

Jennifer Herbert

Susan Totten

Susan Totten

Sharon Hobbs

Sharon Hobbs

Maureen Richichi

Maureen Richichi

Dan Pereira

Dan Pereira

\*If chaperones are not identified at the time the trip is proposed, a complete list must be provided by the supervising teacher to the Principal prior to departure.

Have arrangements been made to ensure that all students can participate? ☒ yes ☐ no

Describe:

Parents Can apply for financial aid

Who will be responsible for: first aid nurse medications nurse

epi pen nurse

Nurse Contacted: ☒ Yes ☐ No

Maureen Richichi  
Nurse's Signature

6/10/14  
Date

☒ Approved

Sharon Hobbs  
Principal's Signature

6/10/14  
Date

☐ Disapproved

☐ Approved

Superintendent's Signature

Date

☐ Disapproved

Attach statements addressing each of the following: relevance to educational program and explanation of purpose of trip; destinations and itinerary of trip; explanation of transportation plan; explanation of arrangements for accommodations; copies of information and communications to be given to parents; agenda for parent information meeting(s). [See Policy IICA for more details.]

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# Parent Notice

## Important Informational Meeting

### Washington, DC Trip

### Wednesday, September 17th

### 6:15 PM in the auditorium

The eighth grade team has begun making preparations for an eighth grade trip to Washington, DC. The trip is scheduled for May 26 – May 29, 2015.

Our travel agency is World Strides. The agency's program director will be working closely with us to provide the team with information regarding both general trip logistics as well as specific itinerary items. This company specializes in arranging these types of trips for schools from across the country.

We are enthusiastic about this opportunity for eighth grade students to witness firsthand the workings of our government. We have designed a learning experience for our students that is packed with carefully planned opportunities that build a sense of civic responsibility. Through these experiences our students will gain a greater understanding of our nation's history and enjoy the sites of the capital. Classroom activities, discussions, and the eighth grade curriculum will help prepare students for the trip. We will tour Washington, D.C. where and will visit Arlington National Cemetery, the Holocaust Museum, the US Capitol, and many monuments and memorials. This kind of primary source, curriculum- based field trip is the culminating experience to a yearlong study of American history.

The cost of the four-day excursion, which includes round trip transportation, three nights in hotels, meals and admission to all attractions, is \$730.00, which includes a nonrefundable deposit of \$99. We encourage students to earn part of this fee. Parents have the opportunity to purchase trip insurance for in case it becomes necessary for anyone to withdraw from the trip. Chartered buses equipped for long distance travel will provide our round trip transportation. Eight adults will chaperone: the eighth grade team of teachers, Dr. Hobbs, Ms. Richichi, our school nurse, Jamie Moody, our METCO Academic advisor, and Dan Pereira, Director of the Lincoln Recreation Department.

It is our intent that all students will participate in this field trip. In addition to the important academic learning that takes place, students will also benefit from the group unity and sense of responsibility afforded by the trip. There is funding available for families who need assistance to help defray the cost of the trip. Families should contact Dr. Hobbs to discuss this at 781.259.9408 x1300

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## Washington, D.C. Trip Justification

We are enthusiastic about this opportunity for eighth grade students to witness first hand the workings of our government. We have designed a learning experience for our students that is packed with carefully planned opportunities that build a sense of civic responsibility. Through these experiences our students will gain a greater understanding of our nation's history and enjoy the sites of the capital. Classroom activities, discussions, guest speakers and the eighth grade curriculum will help prepare students for the trip. We will travel to Washington D.C. where we will visit Arlington National Cemetery, The Holocaust Museum, the US Capitol, and many other monuments and memorials. This kind of primary source, curriculum based field trip is the culminating experience to a yearlong study of American History.

The cost of the four-day excursion, which includes round trip transportation, three nights in hotels, meals and admission to all attractions, is \$730.00, which includes a nonrefundable deposit of \$99. We encourage students to earn part of this fee. Chartered buses equipped for long distance travel will provide our round trip transportation. It is our intent that all students will participate in this field trip. In addition to the important academic learning that takes place, students will also benefit from the group unity and sense of responsibility afforded by the trip. There is funding available for families who need assistance to help defray the cost of the trip.



**Check List For The DC Trip**  
**May 26- May 29, 2015**

**1. Paper work that needs to be returned to Mr. Cullen, by October 3, 2014**

\_\_\_\_\_ Yellow Behavior & Emergency Form  
\_\_\_\_\_ Pink Permission Form  
\_\_\_\_\_ White Health Forms  
\_\_\_\_\_ Blue Liability Form

**2. Deposit and Registration form that needs to be returned to World Strides  
by October 31 (address listed below)**

\_\_\_\_\_ Registration Form  
\_\_\_\_\_ \$99.00 Deposit

Total cost of the trip is \$730.00 There are optional payment plans available. Please read the registration form for more information.

**Final Payment must be made by March 13, 2015**

**Send all Payments to:**

World Strides  
PO Box 9033  
Charlottesville, VA 22906-9033

## Field Trip Permission Form

**Washington, DC**

**May 26 – May 29, 2015**

Student Name \_\_\_\_\_

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

**Please return this form to Mr. Cullen by October 3, 2014**

\_\_\_\_\_ I want my child to participate on the Washington, DC Field Trip

\_\_\_\_\_ I DO NOT want my child to participate on the Washington DC Trip

\_\_\_\_\_ I have sent my first payment (\$99) and registration form to World Strides

\_\_\_\_\_ Please call Mr. Cullen to discuss the trip in further detail at 781-259-9408 x1145

\_\_\_\_\_ I would like to make an additional contribution to the Legacy Fund to support financial assistance for eligible students and families

\_\_\_\_\_ I will contact Dr Hobbs to apply for financial aid

**All payments should be sent to:**

World Strides

PO Box 9033

Charlottesville, VA 22906-9033

**Lincoln Public Schools  
Lincoln, Massachusetts**

**Washington Trip Experience**

We, the parents (guardians) of \_\_\_\_\_,  
(name of student)

a student at the Lincoln School, would like to give our child the opportunity to participate in the Washington, DC trip that you are sponsoring and conducting for the benefit, education, and enjoyment of students in the Lincoln Public Schools from May 26 to May 29, 2015.

We realize that our child's participation in this program may involve some risk of personal injury to our child and damage to our property; therefore, we on behalf of our child and ourselves, hereby release the Lincoln Public Schools and its employees from any loss to us that results from our child's participation in this program.

We hereby grant the Lincoln Public Schools and its employees full authority to take whatever actions they may consider to be warranted under the circumstances regarding the health and safety of our child, and we authorize them to obtain the necessary medical services and treatment for our child, without further consent and at our expense, from a hospital or medical doctor.

We understand that this is a supervised school program and that group standards of conduct must be observed. We will instruct our child to comply at all times with the Lincoln School rules, standards, and instructions for student behavior. We agree that the Lincoln Public Schools, and its employees shall have the right to enforce appropriate standards of conduct and that they may, at any time, terminate our child's participation in this program for failure to behave according to these standards or for any actions of conduct which they consider to be incompatible with the interests, comfort, and welfare of other students in the program or its supervisors. If our child's participation is terminated, we consent to his or her being sent home at our expense.

Our signatures below indicate that we have read and freely signed this agreement.

IMPORTANT--PLEASE READ ENTIRE AGREEMENT BEFORE SIGNING.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

Please return to Mr. Cullen by October 3, 2014.

## Washington, DC Trip

### Behavior Contract

Please read the following as a family and return it to school with signatures by **October 3, 2014**.

**Please be mindful that school rules and regulations are in effect while on a field trip away from school.**

Given that we will be traveling for four days, it is important that everyone understands and meets the expectations for all students:

\*\* We expect all students to understand that trustworthiness is critical to this trip experience. Trustworthiness implies that a student will respond to an adult directive without debate or resistance. It is imperative to listen the first time and respond accordingly.

\*\* We expect all students to make decisions that do not endanger themselves or anyone else. Students are to remain with their groups and not go off independently.

\*\* We expect that students will demonstrate behavior that equals or exceeds the standards we uphold at the Lincoln Public Schools. The discipline code is in effect on all field trips. While we are away, chaperones have the right to enforce the appropriate standards of conduct. If a student fails to conduct him/herself in a safe and responsible manner, parents will be notified immediately. The student will be sent home, accompanied by an adult, at parents' expense.

\*\* We expect students to limit the use of their cell phones to calling their families. Cell phones are not intended for use on the bus or while sightseeing.

**Parent/Guardian Signature:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

\*\*\*\*\*

### Washington, DC Trip

**May 26 – May 29, 2015**

### Emergency Contact Information

**Student:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Mother:** \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Father:** \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Guardian:** \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**In case of emergency, please identify an alternate contact:**

\_\_\_\_\_ phone: \_\_\_\_\_

# Washington, D.C. Behavior Contract

September 5, 2014

As eighth graders you are expected to be the role models for the Lincoln School. You need to set the standard for all students in our community. Our expectations of you are high, and your behavior should mirror those expectations.

## Behavior that will lead to expulsion from the DC trip:

1. Two school suspensions (in or out of school)
2. Five school detentions (or four detentions and a suspension)
3. Negative behavior necessitating disciplinary action on other field trips (two warnings on other trips)
4. Some offenses may be deemed serious enough to warrant immediate expulsion from the trip

## Intermediary Step

Once a student receives one suspension, three office detentions, or one field trip warning parents will meet with the disciplinary committee (which might include the principal, the team leader and the social worker) to discuss how we can keep your son/daughter eligible for the trip.

**\*\* Students who lose the privilege of attending the trip to DC will not receive a refund of the money already paid to the travel agency.**

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Student Signature

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Print Name

---

Parent Signature

**This form must be signed and returned to  
Mr. Cullen by Friday, September 12, 2014**

# 8<sup>th</sup> Grade Washington D.C. Trip 2015

## Cell Phone Authorization Form

We acknowledge that cell phones provide an additional layer of communication for students and their parents while we are away from home. We also recognize that cell phones ensure the safety of our students during certain daytime and evening activities. However, in order to avoid potential technology problems there will be limited times when students have access to their cell phones.

During our trip, your child will be allowed to use her/his cell phone to call home each night from the time we arrive at the hotel until lights out (approximately 10 p.m.). The chaperones will turn off and hold on to all cell phones when they are not in use. Students will also be allowed to use their phones on the long bus ride to and from Washington, DC on Tuesday and Friday. **There will be several times while on the trip that students will be given their cell phones for the sole purpose of contacting a teacher if they become separated from the group.** If a child is found to use their cell phone for any other purpose during this time the phone will be taken away for the remainder of the trip. If a child needs to call home while we are touring as a group, he /she will be able to use any adult's cell phone.

Although some students may normally use the camera feature of their cell phone, this will not be an option on this trip and they will need to bring a separate camera to take photos.

If you plan to send your child to Washington D.C. with a cell phone, please complete the form below. These forms are only for the use of the chaperones. Any cell phone found that is not listed on a parent permission form will be held by the chaperones for the remainder of the trip. Additionally, all cell phones should be labeled with your child's name prior to our departure. Electronic readers, ipads,,and laptops will not be allowed at any time on this trip.

If your child will NOT be bringing a cell phone on the trip please check here and sign below \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

CELL PHONE MAKER (Motorola, Lg, etc.): \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

## Swimming Pool Permission Slip

The Lincoln School eighth grade students will have the opportunity to use the swimming pool at the hotel, while on our trip to Washington, DC.

On Wednesday, May 27, from approximately 9:00 -10:00pm students will have an opportunity to use the pool after a long day of touring. The students will be closely supervised by teachers along with the lifeguard on duty.

We do require students to wear bathing suits that are age appropriate. Boys should wear dedicated swim trunks and girls should wear a modest suit. Students who do not have the appropriate swimwear will not be allowed to use the pool.

If you would like your child to swim please sign the permission slip below. This form must be turned in to Mr. Cullen no later than Friday, May 8<sup>th</sup>. Students who do not return a permission slip will not be allowed to use the pool.

Thank you for your support,

The Eighth Grade Team

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I \_\_\_\_\_ hereby consent to my son / daughter's use of the hotel's swimming pool while on their class trip to Washington, DC. I understand that they will be at the swimming pool on Wednesday, May 27 from 9:00-10:00pm.

I understand that a lifeguard will be on duty and that supervision will also be provided by The Lincoln School teachers and staff.

I hereby also consent to whatever arrangements are made for my son or daughter generally consistent herewith, and any reasonable arrangement in case of emergency, including arrangements for emergency transportation and/or medical care, which is deemed necessary in such situation by the teacher, or if unavailable, by any other adult supervisor. I understand that reasonable precautions for safety will be taken.

Name of Child \_\_\_\_\_

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Signature of Parent/Guardian

Date



**LINCOLN PUBLIC SCHOOLS**  
**BALLFIELD ROAD**  
**LINCOLN, MASSACHUSETTS 01773**  
Smith Bldg. K-4: 781-259-9404 Fax: 781-259-2654  
Brooks Bldg. 5-8: 781-258-9408 Fax: 781-259-2637

May 8, 2015

Dear Parents,

May 26<sup>th</sup> is fast approaching and as we finalize our arrangements for the Washington, DC trip, I am enclosing a copy of the itinerary, as well as some additional information that you might find helpful. These suggestions were shared with your children at school today.

**I. What to Bring:**

**THE FOLLOWING ITEMS ARE NECESSARY**

- \*\* Bring only one suitcase that you can carry.
- \*\* Backpack
- \*\* Clothes for 4 days of touring
- \*\* Shorts are okay but not too short, please
- \*\* 4 shirts (school rules apply)
- \*\* 4 pairs of socks/4 days of underwear
- \*\* At least 1 pair of sneakers or comfortable walking shoes. **There is a lot of walking.**
- \*\* One nicer outfit to wear for the Spirit Moonlight Cruise
- \*\* 1 sweater/sweatshirt or lightweight jacket
- \*\* Pajamas
- \*\* Comb/brush, toothbrush/toothpaste
- \*\* Shampoo, toiletries, and deodorant
- \*\* Raincoat or waterproof jacket
- \*\* Sunscreen and hat
- \*\* Contact lens solution
- \*\* Water bottle
- \*\* Watch
- \*\* Camera (disposable is fine) with your name on it

**THE FOLLOWING ITEMS ARE OPTIONAL**

- \*\* Slippers
- \*\* Books, magazines, cards
- \*\* Sunglasses
- \*\* Pens, pencils, notebooks, paper
- \*\* We suggest you not bring more than \$75 in spending money.
- \*\* Appropriate bathing suit if you plan on swimming

**NOTE:**

- \*\* **There are hairdryers in the hotel rooms**
- \*\* **Please leave valuable items home**
- \*\* **Label all of your items with your name**
- \*\* **Cell phones MUST be checked-in to teacher leaders on the bus and should NOT be packed in student bags**



## **II. Arrivals and Departures**

Tuesday, May 26, 2015

All students must be at school Tuesday morning **no later than 6:30AM**.

Friday, May 29, 2015

Buses will arrive back at school at approximately 10:00 PM – students will call from the bus to update the arrival time back in Lincoln.

## **III \*Hotel: Tuesday, Wednesday and Thursday Nights**

Holiday Inn Alexandria (Eisenhower)

2460 Eisenhower Ave

Alexandria, VA 22314

703-960-3400

\*All Health and Permission forms and all prescription and over the counter medications must be turned in by May 15, 2015.

\*\*\*Any student who does not return a health or permission form, any medications, or has not paid in full will not be able to participate in this trip. \*\*\*

Thank you for all of your help and support for this experience. If you have any further questions or concerns, please do not hesitate to contact me.

Sincerely,

Steve Cullen

Eighth Grade Team Leader

781-259-9408x1145

# Lincoln School

## Washington, DC Trip Itinerary

<b>Day 1</b>	6:30am	Students arrive and load bus
	7:00am	Coaches depart
Tuesday	5:00pm	Arrive in DC – view memorials if time permits
	5:30pm	Dinner at Chipotle in Crystal City
May 27	7:05pm	Washington Nationals baseball game
	9:30pm	Check in to Holiday Inn – Alexandria, Virginia
<b>Day 2</b>	6:30am	Hotel breakfast
	7:30am	Coaches depart
Wednesday	7:45 am	Meet Course Leaders at Old Post Office
	8:30am	US Capitol
May 28	9:30am	Botanical Garden, Library of Congress, Supreme Court
	11:30pm	Lunch at Union Station
	12:30pm	Smithsonian Mall (National Gallery of Art, Hirshhorn Museum and Sculpture Garden, American History, Air & Space, Natural History Museums)
	4:30pm	Holocaust Museum
	6:30pm	Dinner at Cheesecake Factory
	7:45pm	Lincoln, Korean, Vietnam, WWII Memorials
	9:00pm	Return to hotel
		- Students have option to swim or visit in rooms
	10:00pm	Return to rooms
<b>Day 3</b>	7:30am	Hotel breakfast
	8:00am	Coaches depart
Thursday	8:30am	Arlington National Cemetery
	10:30am	Iwo Jima Memorial
May 29	11:00am	African American Civil War Museum
	11:30pm	Lunch at Ben's Chili Bowl
	12:00pm	African American Civil War Museum
	1:30pm	MLK Memorial, Jefferson Memorial, FDR Memorial, White House (picture stop)
	5:15pm	Return to hotel
	6:15pm	Depart for Spirit Cruise
	7:00pm	Spirit Moonlight Cruise
	10:30pm	Return to hotel
<b>Day 4</b>	7:00am	Hotel breakfast
	8:15am	Check-out and depart
Friday	8:30 am	Newseum
	11:15am	Fort McHenry
May 30	12:00pm	Depart for home
	12:30pm	Lunch at Delaware House
	10:00pm	Arrive in Lincoln

## Washington, D.C. Trip Details:

### TRIP DATES

**Trip ID#: 104834**

Destination: Washington, D.C.

We will depart in the following morning of May 26, 2015, via chartered motor coach and arrive in Washington D.C. in the afternoon of May 26, 2015. We will then spend 4 active days learning on location. We will depart Washington D.C., again via chartered coach, in the afternoon of May 29, 2015. On our way, we will stop and explore Baltimore and arrive back home that evening.

### TRIP PRICE

**Register NOW to receive an immediate discount and avoid potential increases in your program price!**

Prices are based on 35 full-paying participants and include a \$49 deposit (of which \$49 is non-refundable).

**Student:** Your discounted price is **\$690** quad occupancy, which reflects a \$40 discount off of the Spring 2014 price for registering prior to 06/05/2014.

Spread out payments through our easy installment plan or pay in full within 30 days of registration! Register before 06/05/14 and student installment payments will be no more than \$99.\*

Take advantage of our EZPay program to have payments automatically deducted from your bank account and avoid handling fees!

**Full Refund Program:** An additional \$99 protects your investment if you need to cancel for any reason. It is recommended that you enroll in this valuable program by checking the appropriate box on the registration form. See reverse for more information.

**FLAG financial assistance:** FLAG financial assistance is available for families with an adjusted gross income of up to \$85,000. See insert for details.

\*Installment amounts may vary in price based on when you register and optional inclusions. Your last payment must be made by the final payment deadline and may be larger than your previous installment payments.

### INCLUDES

- Round-trip transportation
- Sightseeing transportation
- Course Leader
- Quality hotel accommodations
- Night Chaperones in hotel
- The Newseum
- Baseball Game
- Accident/health insurance
- Field journals
- Online educational resources
- All meals
- All admissions fees
- Evening activities
- Alexandria Ghost Tour
- 24-hour emergency support

### REGISTER TODAY!

**Registration Due: 06/05/2014 - register now and SAVE! (Please register as soon as possible)**

Deposit Amount: \$49 (of which \$49 is non-refundable) - This is a **special, reduced** deposit amount for registering prior to 06/05/2014

#### Register:

- Online at [www.worldstridesdiscovernow.org](http://www.worldstridesdiscovernow.org) (use the Trip ID# listed above to register)
- By phone - call WorldStrides' Customer Service Team at 800-468-5899
- By mail - use the registration form **on reverse**



## Register today for the trip of a lifetime!

Sign up for your program in one of three easy ways\*:



### ONLINE

[www.worldstridesdiscovernow.org](http://www.worldstridesdiscovernow.org)



### PHONE

1-800-468-5899



### MAIL

Fill out the enclosed registration form and return it in the prepaid envelope

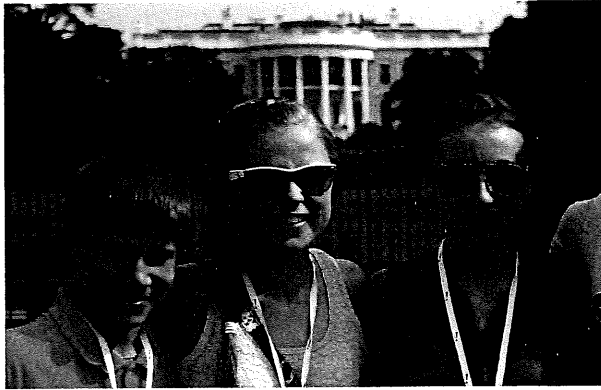
## Want more information?

Our Customer Service team is dedicated to helping parents get their children ready for this exciting adventure. Give us a call and we'll be happy to answer any of your questions.

\*Unless otherwise stated in your trip letter.

**See reverse  
for financial  
assistance  
information  
and more!**

  
**WORLD STRIDES®**  
**DiscoverNow!**  
PROGRAMS



## Protect your investment with our Full Refund Program

At WorldStrides, we believe educational travel is an investment in your child's future. Our optional Full Refund Program helps protect that investment should you have to cancel your child's program before departure for any reason. Our Full Refund Program refunds all money paid to WorldStrides (less non-refundable deposit, fees, and the Full Refund Program cost), and includes special Job Loss Protection. Full Terms and Conditions can be found at [www.worldstridesdiscovernow.org/TripTerms](http://www.worldstridesdiscovernow.org/TripTerms). We strongly recommend that you elect our Full Refund Program by checking the appropriate box on the registration form to take advantage of this excellent program.

## Take advantage of FLAG financial assistance

Your family may qualify for FLAG financial assistance for your child's program. WorldStrides is making more than \$1 million in assistance available this year! The application process is simple and confidential, and families with annual adjusted gross incomes up to \$85,000 may qualify. Call 1-800-468-5899 to apply.

## Use our Gift of Education tools to raise funds

The Gift of Education is our easy and highly successful fundraising program that students can use to receive donations from family, friends, and local organizations to help fund their trip. WorldStrides travelers have received millions of dollars through this program, and 100% of donations is credited directly to your child's account! Learn more about raising funds through e-cards and Facebook at [www.worldstridesfundraising.com](http://www.worldstridesfundraising.com).

Website: [www.worldstridesdiscovernow.org](http://www.worldstridesdiscovernow.org) / Customer Service Phone: 800-468-5899 / Fax: 434-982-8748

### REGISTRATION FORM

Lincoln Public School

Trip ID 104834 - REF# 25150-7 - TDE 05/26/15 -

Full legal name\* \_\_\_\_\_

Additional registrant name\* \_\_\_\_\_

\*Federal mandate (TSA) requires that travelers provide their complete first, middle, and last names (as they appear on legal documents, not nicknames or initials) and date of birth ([www.tsa.gov/secureflight](http://www.tsa.gov/secureflight)).

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female ☐ Student ☐ Adult Additional registrant DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female ☐ Student ☐ Adult

Email Address: \_\_\_\_\_ ☐ I verify this is a valid email address ☐ Sign me up for paper-free billing and notifications

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Responsible Party name: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mother's work phone: \_\_\_\_\_ Father's work phone: \_\_\_\_\_

Please send a souvenir T-shirt and bill me \$19.00. My size is: **S M L XL XXL** (all shirts are adult sizes)

☐ I am paying by check There is a \$35 charge for returned checks

Amount I am paying today: \_\_\_\_\_

Your minimum payment is \$49

☐ I am paying by credit card

☐ Mastercard ☐ Visa ☐ Discover ☐ American Express

Name as it appears on card: \_\_\_\_\_

Card Number:                 Expiration Date: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

☐ **Yes, enroll me** in the Full Refund Program!

Signature X: \_\_\_\_\_

I have reviewed and agree to the Terms and Conditions and confirm my Full Refund Program selection.

☐ **No, do not enroll me** in the Full Refund Program

Full Terms and Conditions can be found at [www.worldstridesdiscovernow.org/TripTerms](http://www.worldstridesdiscovernow.org/TripTerms)



**Lincoln School**  
**Ballfield Road**  
**Lincoln, Massachusetts 01773**

Dear Parent/Guardian,

The Commonwealth of Massachusetts has strict guidelines regarding dispensing medication during school hours and on school sponsored field trips. These guidelines are in place so that the staff of the Lincoln School can safely administer medication to children. Please review the following guidelines before completing the attached Health Memorandum, Consent and Medication Authorization forms.

**NON-PRESCRIPTION (Over-the-Counter) MEDICATION:**

Non-prescription medication (over-the-counter medications) must be in the **original packaging** with the administration directions or labels intact. Label each medication with your child's name and place it in a clear zip lock plastic bag. **Complete directions with a physician's signature and a parent's signature must be completed on the enclosed form.**

**PRESCRIPTION MEDICATION:**

Prescription medication must be in the **original pharmacy container** with the child's name, dosage instruction and physician's name. **Complete directions with a physician's signature and a parent signature must be completed on the enclosed form.** Dosage and administration instructions on the container must be the same as the physician's instructions as written on the form submitted. Please send in only the amount needed for the trip plus two extra doses.

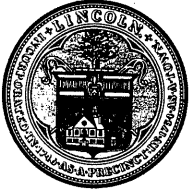
**IMPORTANT:** A child may SELF ADMINISTER medication **ONLY** if there is written permission from the health care provider, signed and dated, and written permission from the parent, signed and dated. In addition, a final decision regarding a student's ability to safely self-carry or self-administer medications will rest with me. **This includes all prescription medications and over-the-counter medications (e.g., allergy medication, eye drops, cough medication, acne medication, Tylenol, etc.).**

**Medical forms are due by Monday, May 18. All medications for the trip are to be delivered to the Health Office by Tuesday, May 26. I will **NOT** accept any medications on the morning of departure.**

Lastly, Massachusetts State law requires that a current physical exam signed by a healthcare provider and dated after September 2012 **must** be on file at the school's Health Office for a student to be eligible to participate in any off-site field trips. Please do not hesitate to call me with any questions or concerns at 781-259-9407.

Best Regards,

Maureen Richichi, R.N.  
School Nurse



**Lincoln School  
Washington D.C. Trip 2015**

**Medical Consent Form**

**Student's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Emergency Numbers:**

**Parent/Guardian** \_\_\_\_\_

Home: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

Home: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Emergency/Non-Emergency Medical Consent:** I consent to and authorize emergency and non-emergency medical care for my child in the event of a health problem, health emergency, or injury occurring during the school-sponsored trip to Washington, D.C. on May 26– May 29, 2015. I understand that an attempt will be made to contact me in the event that medical care is needed, and that I am responsible for all medical costs incurred in treatment.

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

**Consent to Disclose Health Information for Emergency Treatment:** I consent to and authorize Lincoln School staff to exchange information regarding my child's health with emergency health care providers for purposes of emergency treatment during the Washington, D.C. trip May 26-May 29, 2015.

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

**Student's Primary Care Provider:** \_\_\_\_\_

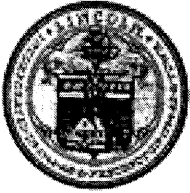
Phone Number: \_\_\_\_\_

**Optional:** If you wish, for religious or for other reasons, you may indicate refusal to consent to certain medical care such as blood transfusions.

Notwithstanding the above, **I DO NOT consent** to the following diagnostic tests or medical treatment for my child during the Washington, D.C. trip May 26-May 29, 2015.

Specify: \_\_\_\_\_

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



Lincoln School  
Washington, D.C. Trip 2015

Prescription Medication and Non-Prescription Medication Authorization

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

ALL OVER-THE-COUNTER MEDICATION MUST BE IN THE ORIGINAL PACKAGING AND  
PRESCRIPTION MEDICATION IN A PROPERLY LABELED PRESCRIPTION BOTTLE.

ALL MEDICATIONS REQUIRE WRITTEN PHYSICIAN AUTHORIZATION EXCEPT TYLENOL  
AND IBUPROFEN or ANY MEDICATION ORDERS ALREADY ON FILE IN THE HEALTH  
OFFICE.

Tylenol, Ibuprofen, Benadryl Consent:(provided by Nurse) \_\_\_\_Tylenol \_\_\_\_ Ibuprofen \_\_\_\_Benadryl

Please check and complete either A or B:

\_\_\_\_\_ A. My child will not be taking any scheduled prescription or non-prescription  
medications on the trip.

OR

\_\_\_\_\_ B. My child will require the following prescription and/or non-prescription medications  
on the trip:

1. Medication \_\_\_\_\_ Dosage \_\_\_\_\_  
Times of administration \_\_\_\_\_  
Diagnosis \_\_\_\_\_
2. Medication \_\_\_\_\_ Dosage \_\_\_\_\_  
Times of administration \_\_\_\_\_  
Diagnosis \_\_\_\_\_
3. Medication \_\_\_\_\_ Dosage \_\_\_\_\_  
Times of administration \_\_\_\_\_  
Diagnosis \_\_\_\_\_

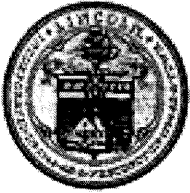
\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date

I authorize the Lincoln School Nurse to administer the above medications to my child according to  
school and state protocols.

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

\_\_\_\_\_  
Date



Lincoln School  
Washington, D.C. Trip 2015

Health Memorandum

Student's Name: \_\_\_\_\_

Please provide the following information:

Medical Conditions: \_\_\_\_\_

Treatments: \_\_\_\_\_

Allergies: \_\_\_\_\_

Triggers: \_\_\_\_\_

Types of Reactions: \_\_\_\_\_

Treatments: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Sleep Issues (bedwetting, nightmares, sleepwalking, insomnia): \_\_\_\_\_

Other health concerns for school staff to know: \_\_\_\_\_

Thank you. Please call Maureen Richichi, School Nurse at 781-259-9407 with any questions or concerns.