

## 7th-8th Grade Music Trip

Who: 7th-8th grade band, orchestra and choir

When: Dec. 5-6, 2023

Where: To Copper Center School, Wrangell/St. Elias National Park, and Glacier View

To Do What: To perform at these schools for their students and staff.

Mode of Transportation: School Bus

Itinerary:

1. Students need to be at CMS to check in all luggage (We still need help with this) at 5:30 AM.
2. Leave CMS at 6:15 AM (stop at Glacier View for bathroom)
3. Arrive at Glennallen School at about 10:00 AM (907-822-3232 or 822-5286) (students to pack a lunch to eat at Glennallen Elem): Perform at about 12:00 PMish
4. Leave Glennallen School at about 1:30 PM to go to Wrangell/St. Elias Visitor Center for a tour and education workshop with staff (arrive about 2:00 PM). (907-822-7250 or 822-5234) Dress for cold weather!
5. Leave Wrangell/St. Elias Park Center about 4:00 PM to go to Glacier View. We will have dinner at Glacier View School (sandwiches, drinks, fruit, chips, etc...)
6. Arrive at Glacier View School at about 6:30 PM (907-861-5650). Dinner/open time/sleep at Glacier View School (lights out at 10:30 PM)
7. Wake up at 6:30 AM, clean up, breakfast and concert in the morning (12/6/23). Concert about 8:45 AM.
8. Leave Glacier View about 10:30 AM for CMS.
9. Stop at Carrs in Palmer. Students can choose DQ, Taco Bell, Subway or McDonald's for lunch (about 12:00 PM).
10. Arrive at CMS at about 1:30 PM.

Cost for the Trip:

1. Dinner: cost included in bus cost
2. Breakfast at Glacier View is the District breakfast (about \$2.75-bring on trip)
3. Lunch in Palmer can vary depending on where students eat.
4. Bus cost is: \$44 (return with this form: Checks made to CMS)
5. Insurance and remainder of bus cost will be covered through CMS Music activities account.

**Students bring \$44 with this permission form.** Spending money should be about \$15-20 total.

Discipline regulations.

During the entire trip, CMS Discipline program will be in effect. If a student is interfering with the learning, safety or well being of others, they will be choosing notice

1. If a student chooses to not follow directions of an adult, then the student will be choosing the Student Responsibility Room when returning to CMS. They will be with Mr. Lambert the rest of the trip and a conference will take place when students return to CMS. Threats, weapons, inappropriate language, drugs and fighting will result in a phone call home to parents to come a pick-up their child immediately and will be referred to the principal.

Medication:

All medication (prescription or over-the-counter drugs) must be given to Mr. Lambert at the beginning of the trip to keep. If students are found with any of these items, they will be referred to the CMS Administration upon returning to CMS.

Packing List:

Black and Whites	1 change of cloths	ground pad
flash light	sleep wear/slippers	small snacks
sleeping bag	wash cloth (there are limited showers)	
small pillow?	soap	toothpaste
hair brush	toothbrush	winter outdoor clothes
Instrument (case, etc..)	Music stand (folding)	Music
Water	Packed lunch for Tues.	Food Money

small entertainment items **Please Note: Videos can be G or PG rating, games E or E10 rating and music cannot have a Parent advisory label There is to be no inappropriate materials taken on this trip. If found, items will be held and a parent conference will take place when students return to CMS.**

**Please Note: CMS and CMS Music Department is not responsible for the lost or damage of student items.**

Students will be allowed one piece of luggage and one small hand bag size carry on for their seats. Because of limited space with the all the instruments being taken, CMS Music Department reserves the right to not allow extra items on the bus. **All bags will be checked before being loaded into the buses by parent workers.**

Students are responsible for all missed work in accordance with CMS policy of late homework policy.

**NOTE: Students must be passing all classes (60% or higher or above ) in order to travel in this trip.** If a student has a class (s) below 60%, they can not go. **NOTE: 59.999999% is NOT 60% and the student will not be able to go.** Grade cut off will be Nov. 28. All students NEED TO PERFORM THE NOV. 20 CONCERT TO ATTEND THE TRIP (or finalize the make-up concert Nov. 28).

**NOTE: We are offering Online credit card payment for this trip this year. You need to go to your school cash account with Colony MS and there should be a link to pay for this music trip. If you use it, you must print a receipt and attached to the permission form. Payment must be done by Oct. 18 to secure a spot for your child on this trip.**

As of 9/29-there are possible changes to the schedule. If something changes, I will email families with any adjustments. Thank you.

### Discipline Contact:

If in the opinion of one or more of the adults on this trip, I have not lived up to the terms of this contract, and if gentle reminders are insufficient, I understand that any and all of the following consequences may occur:

1. Choosing Notice 1 (removal for activity for a short time)
2. Removal from the activity, sleeping area or friend for the remainder of the trip (stay with Mr. Lambert)
3. Phone call home to have parent pick you up and either a SRC or admistration procedure will be used upon returning to CMS.

It is my expectation that I will behave appropriately and that few consequences will be assigned.

Name of Student: \_\_\_\_\_

Signature of the Student: \_\_\_\_\_ Date: \_\_\_\_\_

I, as a parent/guardian have read and understand that my child is responsible for their actions on this trip and I will support the adults decision and policies of discipline. If I am called to pick up my child, I will be there and I will cover any costs of the travel to transport my child back to Palmer.

Name of parent \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

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### Parent Help:

We are need of parents and vehicles to transport instruments, luggage and other equipmental needs. The school busses have no storage space, so vehicles are very much needed. We also need a couple parents to ride the buses to monitor students. If you are interested, please fill out the info below.

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

Parent (s) Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

\_\_\_ Yes, I would like to come and help out on the trip.

\_\_\_ Yes, I have a vehicle that can be used to transport materials for the trip.

**CMS Music Department Field Trip to Copper Valley and Glacier View  
Dec. 5-6, 2023**

My child \_\_\_\_\_ has permission to join the CMS Music Department Tour Trip to Copper Center, Wrangell/St. Elias and Glacier View on Dec. 5-6, 2023.

My child and I have read, understand and signed the Discipline contract. Yes \_\_\_\_\_

Name of Parent/guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone # for Emergency use: \_\_\_\_\_

Nighttime Phone # for Emergency use: \_\_\_\_\_

Other Emergency contact person: \_\_\_\_\_

Daytime Phone # of this person for Emergency use: \_\_\_\_\_

Nighttime Phone # of this person for Emergency use: \_\_\_\_\_

Please list any medical conditions that should be known, medication that needs to be taken and any other helpful items about your child. Also, please list any special instructions you wish to have a medical professional have knowledge of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ I give permission for my child to be transported to a local doctor, hospital or medical clinic if I cannot be located, and immediate medical attention is deemed necessary. I give permission for the physician on-call to treat my child. I will assume financial responsibility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**-OR-**

\_\_\_\_ I do not give permission for my child to be transported to a local doctor, hospital or medical clinic until I am notified. I must be informed of all medical treatments before I will authorize medical treatment for my child by any physician. Please contact me at the phone numbers listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Morning Breakfast** on Dec. 6 is a school breakfast. Cost should be \$2.75. Please check **Yes** if you want it, or **No** if you do not (you can bring something if you want.)

\_\_\_\_ Yes, I will get breakfast (student needs to bring money on Dec. 6)

\_\_\_\_ No, I will not get breakfast. I'll bring my own

**Need this back by Oct. 18 by 5:30 PM with a check/cash to  
CMS or receipt from Online Payment for \$44.00.**



# Student Permission Slip to Participate

Print Form

Risk Management  
Mat-Su Borough School District  
501 North Gulkana  
Palmer, Alaska 99645  
P (907) 746-9213 || F (907) 761-4091

Student Name			
Activity/Event	CMS Music tour to Glennallen / Glacier view	Event Date	Dec. 5-6
School	Colony MS	Event Time	all day Both days
Event Location	CMS to Glennallen to Wrangell NP to Glacier View	Event Fees	\$ 44.00

I am an adult student completing this form for myself.

As the parent or guardian of an underage student, or as a student over the age 18, I hereby release, waive, discharge, indemnify and agree to hold harmless the Matanuska-Susitna Borough School District, its agents, officers, employees and volunteers, from all liability to me, my spouse, or my child from any and all loss and personal injury, including injury resulting in death, arising out of or resulting from the above described activity/event.

**I understand that the District does not provide students with accident insurance, however, student accident insurance can be purchased separately for initial coverage or to supplement private coverage.**

I understand that accidents may occur. If first aid is required, it may be provided by the school staff prior to the arrival of emergency personnel. I also consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of my child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal/residence as a member of this school sponsored group, and hereby waive on behalf of myself, spouse, and the above named child any liability of the school district and of its agents or employees arising out of such medical treatment.

I have read this release carefully and agree to allow my child to participate.

Parent / Guardian or Adult Student Signature	Date	Emergency Contact Phone
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Special instructions or information regarding myself or my student:

