6th Grade End of Year Field Trip Packet



Who: 6th Grade

What: End of Year Field Trip

When: May 22, 2024

Where: Disney's Animal Kingdom

Cost per Student: \$224.00

Cost per Chaperone: \$224.00

Dear Parent/Guardian,
This year the 6 th grade class will have the opportunity to attend the out-of-town end of year field trip to Disney's Animal Kingdom. In this packet you will find the following information:
Parent/Guardian Consent Form (must be completed and returned, cut the bottom portion for your records)
Kelly Tours Trip Information (all payments will be made online, deposit due by January 12, 2024)
Volunteer Chaperone Responsibility Form (please sign and return if you intend to volunteer, if you are not cleared by DCPS you cannot chaperone)
Medical Release Form (must be completed and returned)
Permission for Administration of Medication Form (must be completed and returned)
Student Return-Transport Release Form (must be completed and returned if you intend to have your child ride back with you from Animal Kingdom, ALL students must ride the bus from Landon to Animal Kingdom.

All payments will be collected online through kellytours.com (see Kelly Tours Trip Information). You can choose to pay all at once or in installments with a \$50.00 non-refundable deposit due no later than January 12, 2024.

Please ensure that you read all information provided to you very carefully. If you have any questions or concerns, please email Ms. Ramirez at ramireza@duvalschools.org (please include "Field Trip" in the subject line).

All forms must be completed and returned to your students' MATH teacher by May 1, 2024.

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JULIA LANDON COLLEGE PREP 6TH GRADE TO

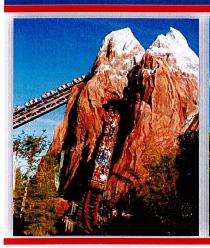
TRIP #18039 MAY 22ND, 2024

DISNEY'S ANIMAL KINGDOM















This is a day trip traveling to **Orlando, FL**. Highlights of this tour include celebrating all living things and encounter wild animals, exotic jungle trails, and high-speed thrills at Disney's **Animal Kingdom®** Theme Park. The following will provide more information on this tour that you don't want to miss!

PACKAGE PRICE

Based on min of 40 paid travelers \$224.00 per person

Non-Refundable **Deposit:**

\$50.00 per person Due January 12, 2024

2nd Payment:

\$58.00 per person Due February 12, 2024

Final Payment:

\$58.00 per person Due March 12, 2024

Final Payment:

Balance per person Due April 12, 2024

INCLUDES: Roundtrip motorcoach transportation, programs and activities as listed, Kelly Tours tour director, snack and drink along the way, travel arrangements, gratuity and all taxes.

SCHEDULE

May 22: Early morning departure from Julia Landon College Prep traveling to Orlando, Florida, with snacks and drinks included upon arrival. Arrive for admission into Disney's Animal Kingdom Theme Park and enjoy a full day of thrill and exploration! A lunch voucher is included. Regroup and board your motorcoach for departure home. Early evening arrival back at Julia Landon College Prep after a great trip! Thanks for joining us.











Please read the following terms and conditions carefully. By registering your student for the tour, you are agreeing to the terms listed on this flyer.

TRANSPORTATION

Modern motor coach transportation will be provided for this tour conducted by Kelly Tours. The coach will be operated by an experienced driver and equipped with a DVD player and restroom. Rigorous cleaning and disinfection procedures are in place for all vehicles operated by Kelly Tours. Upon return from each tour, buses are fully disinfected with the usage of electronic mister technology which ensures full wrap-around sterilization coverage of all surfaces. In addition to this cleaning, drivers and guides will disinfect surfaces throughout the bus during the actual tour daily. Hand sanitizer will be readily available onboard. For more information please visit our website on how Kelly Tours is dedicated to keeping travelers safe.

FOOD ALLERGIES

Kelly Tours is compassionate to specific food requests and dietary needs. While we will make every effort to accommodate all requests, please be prepared to send alternate food options with your traveler if you have concerns with the group menus. A vegetarian option will be available for all meals. Please contact Kelly Tours at least 45 days prior to the trip departure with special dietary needs.

KELLY TOURS TOUR DIRECTOR

A Kelly Tours representative will accompany the group to all destinations to oversee the trip and take care of all arrangements. This is an added feature that will allow the chaperones to handle their responsibilities.

GRATUITIES

All gratuities are included on this tour.

PAYMENT INFORMATION

Don't Turn Money into Teachers or the School! Please make all payments directly to Kelly Tours. Payments can be made online at www.kellytours.com or by mailing a check to address below. Make payments conveniently, set up an automatic draft, and check the remaining trip balance online at the Kelly Tours website, visit www.KellyTours.com and click on the tab labeled online payments. First-time visitors will need to create a Username and Password. Returning customers will log in. Use the online help tool or contact Kelly Tours if you do not remember your Username or Password. You will search for your tour using the Trip Number on the first page of the trip flyer. Please make all check payments payable to Kelly Tours, Inc., and send the signup form on the last page of this flier. Please include your driver's license number, student's/traveler's name, and the trip number on your check. (A charge will be incurred on all checks returned for insufficient funds. Questions concerning Express Checks can be directed to www.expresschecks.org or 912-355-8593).

CANCELLATION

All payments listed on this flyer marked as nonrefundable will be non-refundable should a traveler cancel for any reason. All other payments will be refunded through Kelly Tours. Written notice must be sent to notify Kelly Tours of cancellation to kellytours@kellytours.com with the subject line "Cancellation". The notice must include the traveler's name, the primary contact's name, telephone number, email and mailing address, group name, and trip number. The refund will then be mailed out or credited back to the credit card used to make the payment. Please allow up to two weeks after the cancellation notice is received for the refund to be processed. If a tour cancels due to lack of participation, all payments will be refunded.

Should a tour be forced to cancel due to the closure of a destination because of a pandemic such as Covid-19 or any other special circumstance that prohibits the tour from happening all payments will be refunded minus 50% of the non-refundable portion of the tour plus any non-refundable payments made to vendors. Refunds will be issued once any, and all payments made to vendors have been recouped by Kelly Tours. Please allow a minimum of 3 months for this process to occur.

WAITLISTS

Availability is based on a first-come first-serve basis. If there are no available spots, travelers may be placed on a waiting list. Kelly Tours buses accommodate 50 passengers (including the chaperones and escort). An additional bus may be added to the trip (at the discretion of the school and Kelly Tours) if the waiting list exceeds 20 people by the final payment date. *Some tours may be limited by special program availability, by the school or group leader. In these cases, registration will be based on a first-come first-serve basis.

KELLY TOURS, INC. - RESPONSIBILITY AND COMPULSORY ARBITRATION This form is important. It includes Terms & Conditions and releases Kelly Tours, Inc. from liability. By signing up for this trip all participants and parents or guardians of participants under age 18 agree to the terms of this form. I understand and agree that this Agreement shall constitute a binding contract between the undersigned and Kelly Tours, Inc. which for this contract includes its officers, directors, shareholders, and employees, (collectively, "Kelly"). Except for certain buses and vans, Kelly does not own or operate any entity which is to or does provide goods or services for your program, including, for example, arrangements for or ownership or control over lodging facilities, airline, vessel, bus or other transportation companies, local ground operators, visa processing services, providers or organizers of optional excursions, food service of any kind or entertainment providers, etc. All such persons and entities are independent contractors. As a result, Kelly is not liable for any negligent or willful act or failure to act of any such person or entity, or of any third party. Without limitation, Kelly is not responsible for any injury, loss, or damage to person or property, death, delay or inconvenience in connection with the provision

of any goods or services occasioned by or resulting from, but not limited to, acts of God, force majeure, acts of war or civil unrest, insurrection or revolt, strikes or other labor activities, criminal, terrorist or threatened terrorist activities of any kind, overbooking or downgrading of accommodations, structural or other defective conditions in lodging facilities (or in any heating, plumbing, electrical or structural problem therein), mechanical or other failure of airplanes or other means of transportation or for any failure of any transportation mechanism to arrive or depart timely, dangers associated with animals, sanitation problems, food poisoning, epidemics or the threat thereof, disease, lack of, access to or quality of medical care, difficulty in evacuation in case of a medical or other emergency, or for any other cause beyond the direct control of Kelly. COMPULSORY ARBITRATION. Upon making payment for this trip, I agree that any dispute concerning, relating, or referring to this contract, the brochure, or any other literature concerning my program, or the program itself shall be resolved exclusively by binding arbitration in Savannah, Georgia, according to the then existing commercial rules of the American Arbitration Association. Such proceedings will be governed by substantive Georgia law.

*By booking, financially committing to, and physically traveling on a trip with Kelly Tours, passenger(s) do so at their own risk and will indemnify Kelly Tours and Kelly Tours employees in totality against any claim(s) resultant to any actual or perceived harm caused by potential exposure to Covid 19. In addition, passenger(s) will not hold Kelly Tours or Kelly Tours employees liable for any actual or perceived harm caused by potential exposure to Covid 19 during a trip.

QUESTIONS

Feel free to direct any questions to the offices of Kelly Tours at (800) 442-6152 M-F 9am-5pm or online at www.kellytours.com.

SAVANNAH OFFICE

2788 US Hwy 80 W. Savannah GA 31408 MACON OFFICE

2303 Seventh St. Macon GA 31206

CHARLESTON OFFICE

6484 Savannah Hwy Ravenel SC 29470

NORTH GEORGIA OFFICE

5271 Mountain Center Plaza Lula, GA 30554

NORTH FLORIDA OFFICE

850737 Hwy 17 Yulee, FL 32097

*By signing your registration form, you are giving us permission to use your child's photo for marketing and other promotional materials for the Facebook page and website. Please let us know if you have any concerns.



Parental/Guardian Consent Form and Indemnity Agreement (Step 4A)

Out-of-County Field Trip

Teacher / Class / Group: Julia Landon College Prep Leadership and Development School 6th grade students	-
will be attending a field trip to Disney's Animal Kingdom	
Departing on May 22, 2024 at 6:00am: am / pm Returning on May 22, 2024 at 7:30pm: am / pm (date) (time back at school)	1
Lunch: (drop down menu) Other: Meal ticket provided for inside the park	
Mode of Transportation: Kelly Tours Cost per Student: \$ 224.00 *Refunds may not be issued after the date below All payments made through Kelly Tours Deposit: \$50.00 per person (non-refundable) due Jan. 12, 2024	٧.
2 nd payment \$58.00 per person Feb. 12, 2024	24
Payment Instructions: Final payment: Balance per person \$58.00 due March 12, 2024 Return form with payment no later than Mar. 12, 2024	
Make all payments at: kellytours.com trip# *Payments received after this date may not guarantee your child's participation in the field 16212	trip.
(Parent/Guardian Name),grant permission for (Student Name)	- to
participate in the field trip as stated above for supervised activities, and agree to release and discharge the School Board of D)uval
County, Florida, its officers, agents and employees, exercising reasonable care within their scope of employment, from lial	oility
growing out of personal injuries and property damage resulting or occurring during the afore mentioned activities, or in trans	it to
and from said activity. In the event of an emergency, I give permission for my child to receive medical treatment.	
Students who do not have a completed and signed Medical Release Form on the day of the field trip will not be able to attendiced trip and a refund may not be provided. If the student needs medication during the field trip, a <i>Permission for Administration of Medication</i> form must be completed prought in by the parent/guardian (with the medication) a minimum of two school days prior to the field trip date. A blank to may be obtained from the Teacher or front office.	and
As Parent or Guardian, I agree to all of the above stated considerations and conditions:	
Parent/Guardian: Date:	
(Signature)	
Cut here and keep bottom "Field Trip Reminder" portion.	
Field Trip Reminder	
Student: Approx20Chaperone Volunteer(s) will be neede	ed.
Feacher / Class / Group: Julia Landon College Prep Leadership and Development School 6th grade students	
will be attending a field trip to <u>Disney's Animal Kingdom</u>	
Departing on May 22, 2024 at 6:00am : Returning on May 22, 2024 at 7:30pm Lunch: Meal ticket provided for inside the	
Mode of Transportation: Kelly Tours Cost per Student: \$224.00 *Refunds may not be issued after the date below	w.
Payment Instructions: All payments made through Kelly Tours, kellytours.com Trip# 16212	
Return form with payment no later than <u>Mar. 12, 2024 *Payments received after this date may not guarantee your child's participation in field trip.</u>	the

<u>Important</u>: A *Medical Release Form* is required for each student on out-of-county field trips. Also, if the student needs medication during the field trip, a *Permission for Administration of Medication* form must be completed <u>and</u> brought in by the parent/guardian (with the medication) a minimum of two school days <u>prior to</u> the field trip date. This blank form may be obtained from the school.

revised 10/30/2012

Date: _____ Date: _ Date: _



Volunteer Chaperone Responsibility Form (Step 9)

P	UBLIC SCHOOLS							
Field Tr	ip: Julia Landon College Prep Leadership and Development School	Disney's Animal Kingdom	on	May 22, 2024	(date)			
	The following identifies requirements, responsibilities, and expectations for a Volunteer Chaperone to accompany students on Duval County Public Schools field trips. Please review, sign, and return to the teacher as soon as possible.							
1.	Volunteer Chaperones for field trips are to be in accor Screening Process" and 4.45 "Chaperones for School Function		Board p	oolicy 9.63 "Schoo	ol Volunteers/			
2.	Volunteer Chaperones must be 21 years of age or a pare required to complete a volunteer application and be app be found at www.duvalschools.org (select "community" the	roved by the District <u>prio</u>	r to the					
3.	Volunteer Chaperones may not bring a younger child (e.g. except for the DCPS students in a participating class or group			ip. Absolutely no	other children			
4.	Volunteer Chaperones are asked to provide close superv coordinate with the teacher for a list of their 10 student na		no mor	e than 10 studen	ts and should			
5.	Volunteer Chaperones and the teacher/sponsor are aske Sponsor's cell, school number, etc. in case of emergencies d							
6.	Volunteer Chaperones are to arrive at the school <u>prior to the</u> follow assigned agenda of activities.	ne departure time of the f	ield trip	for final instruction	ons and are to			
7.	Volunteer Chaperones may be requested to accompany strown transportation then gather at the destination (base participating).				•			
8.								
9.	Volunteer Chaperones are to IMMEDIATELY report ANY PR the field trip.	OBLEMS directly to the te	acher/s	school employee p	oresent during			
10.	Volunteer Chaperones are <u>not</u> allowed to provide or ad students. Medications will only be administered to stude Policy 5.62 "Administration of Medication."	1.5						
11.	No tobacco or alcoholic beverages are permitted during the f	ield trip.						
12. It is strictly prohibited for students to participate in any water-related activities such as swimming, boating, water skiing, etc. on any field trip.								
	to adhere to the above requirements, responsibilities, and Volunteer Application within the last two years from the dat		comple	eted the Duval Co	unty Public			
			Cost	per Chaperone \$_2	24.00			
Signatur	re of Volunteer Chaperone	Date		, , , , , , , , , , , , , , , , , , , ,				
		Return this form with pa	vment	no later than				
Print Na	me (as listed on DCPS Volunteer Application)		,					

Approved:

To be completed by school's Volunteer Liaison; sign and date where applicable:

_Need Application: _

Approved:

Not

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Medical Release Form (Step 5A)



Out-of-County Field Trip

Please clearly <u>print</u> information, sign below, and return with Parent/Guardian Consent form.

Student:		D	OB:
School: Julia Landon College Prep Leadership an	d Development Field T	rip:Disney's Animal Kingdon	m
Field Trip Departure Date:May 22,	2024 Field Trip	Return Date: May 22, 20)24
In the event of a medical emergency treatment is necessary and I will acc			
Insurance Company:			
Policy Number:		Effective Dates:	
Policy Holder Name:			
	nust be completed in o		onnel to be authorized to
In case of emergency: 1st Emergency Contact (please print			
Cell: _()	Home: _()	Work: _(_)
2 nd Emergency Contact (please print)	·		
Cell: _()			
3 rd Emergency Contact (please print):		
Cell: _()	Home: _()	Work: _(_)
As Parent or Guardian, I agree to	all of the above stat	ed considerations and	d conditions.
Parent/Guardian Signature:			Date:



Permission for Administration of Medication (Step 5)

IMPORTANT REQUIREMENT:

(Signature)

All medications must be physically brought to the school office by the Parent/Legal Guardian. (No medication may be handed to school personnel by a minor child.)

<u>Prescribed</u> N	1edication		
Student:DOB:_		_School:	
Name of Medication:	Doctor:		
Prescription Number:	_Date of Presc	ription:	
I,	nission for the or my child/leg	principal or the prir al ward, (Student)	ncipal's designee
I certify that the prescribed medication is in its origina doctor's instructions, for this medication to be provide away from school property on official school business. according to the directions on the label as prescribed by responsibility to pick up any unused medication, within	d during the solution of the solution of the doctor. I	chool day, includin hat this medication further understan	g when my child is n will be given only d that it will be my
Parent/Guardian: (Signature)		Date:	
<u>Non</u> -Prescription (Over-th	ne-Counter)	Medication	
Student:	DOB:	Weight	t:
School:			
I request that my child/legal ward,external and/or internal medication identified below away from school property on official school busine container. I understand that such medication will be given	during the sch ss. I will pro	ool day, including vide the medicat	when my child is ion in its original
Medication:Ar (Directions from the parent/guardian may not exc	nount: eed the medic	When: ation instructions o	on the label.)
Date Medication to be Discontinued:			
Further, I agree to waive any claims of liability that may administration of medication to my child according to the			nel relative to the
Parent/Guardian:		Date:	

		or historical conference transmission of the form
		A THE RESERVE OF CONTRACTOR CONTRACTOR CONTRACTOR OF THE PROPERTY OF THE PROPE



Student Return-Transport Release Form (Step 11)

I,	Name)				
(Parent/Guardian Name)					
	, at the end of the	Disney's Animal Kingdom			
(Child Name)		(Field trip / Event destination or description			
field trip/ event on $\frac{\text{May } 22,2024}{\text{(Date of field trip)}}$. I will be r	esponsible for the sup	ervision and transportation of my			
Child at the conclusion of the field trip / event. I re	lease the Duval Count	ty School Board, ALL of its			
employees, and the bus contactor from any liability	for my child.				
		_Date			
Parent/Guardian Signature					
		_Date			
Teacher Signature					
Principal Signature		_Date			
or Principal's Designee (if Principal is unavailable)					