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 6th 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.
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.
CANCELLATION
All payments listed on this flyer marked as non-refundable 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 first-come, first-serve basis. If the number of available spots, travelers may be placed on a waiting list. Kells Tours buses accommodate 50 passengers (including the chauffeurs 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.

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 the 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 sign-up form on the last page of this flyer. 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).

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.

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 leaving school) (date) (time back at school)

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
2nd payment $88.00 per person due Feb. 12, 2024

Payment Instructions: Final payment Balance per person $56.00 due March 12, 2024 Return form with payment no later than Mar. 12, 2024
Make all payments at: kellytours.com trip# 16212 *Payments received after this date may not guarantee your child’s participation in the field 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 Duval County, Florida, its officers, agents and employees, exercising reasonable care within their scope of employment, from liability growing out of personal injuries and property damage resulting or occurring during the afore mentioned activities, or in transit to and from said activity. In the event of an emergency, I give permission for my child to receive medical treatment.

A “Medical Release Form” must be completed, signed, and taken on the field trip for each student during an out-of-county field trip. Students who do not have a completed and signed Medical Release Form on the day of the field trip will not be able to attend the field trip and a refund may not be provided.

If the student needs medication during the field trip, a Permission for Administration of Medication form must be completed and brought in by the parent/guardian (with the medication) a minimum of two school days prior to the field trip date. A blank form may be obtained from the Teacher or front office.

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: ______________________ Approx. 20 Chaperone Volunteer(s) will be needed.

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; 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.

Payment Instructions: All payments made through Kelly Tours, kellytours.com Trip# 16212

Return form with payment no later than Mar. 12, 2024 *Payments received after this date may not guarantee your child’s participation in the field trip.

Important: 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 and brought in by the parent/guardian (with the medication) a minimum of two school days prior to the field trip date. This blank form may be obtained from the school.
Volunteer Chaperone Responsibility Form (Step 9)

Field Trip: Julia Landon College Prep Leadership and Development School Disney’s Animal Kingdom on May 22, 2024

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 accordance with the School Board policy 9.63 “School Volunteers/Screening Process” and 4.45 “Chaperones for School Functions.”

2. Volunteer Chaperones must be 21 years of age or a parent/guardian of a student participating in the field trip and are required to complete a volunteer application and be approved by the District prior to the field trip. The application may be found at www.duvalschools.org (select “community” then “volunteer information”).

3. Volunteer Chaperones may not bring a younger child (e.g. student’s sibling) on the field trip. Absolutely no other children except for the DCPS students in a participating class or group may attend the field trip.

4. Volunteer Chaperones are asked to provide close supervision of small groups of no more than 10 students and should coordinate with the teacher for a list of their 10 student names.

5. Volunteer Chaperones and the teacher/sponsor are asked to exchange contact phone numbers, e.g. Chaperone’s cell, Sponsor’s cell, school number, etc. in case of emergencies during the field trip (all numbers are to be kept confidential).

6. Volunteer Chaperones are to arrive at the school prior to the departure time of the field trip for final instructions and are to follow assigned agenda of activities.

7. Volunteer Chaperones may be requested to accompany students on the approved mode of transportation or provide their own transportation then gather at the destination (based on available seating and number of volunteer chaperones participating).

8. 

9. Volunteer Chaperones are to IMMEDIATELY report ANY PROBLEMS directly to the teacher/school employee present during the field trip.

10. Volunteer Chaperones are not allowed to provide or administer any medications (over-the-counter or prescription) to students. Medications will only be administered to students by school employees in accordance with the School Board Policy 5.62 “Administration of Medication.”

11. No tobacco or alcoholic beverages are permitted during the field 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.

I agree to adhere to the above requirements, responsibilities, and expectations and I have completed the Duval County Public Schools Volunteer Application within the last two years from the date below.

__________________________ __________________________
Signature of Volunteer Chaperone Date

__________________________
Print Name (as listed on DCPS Volunteer Application)

Cost per Chaperone $224.00

Return this form with payment no later than ____________

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

Approved: ___________________________ Date: __________ Date: __ Date: __

Not Approved:

__________________________
Need Application:
Medical Release Form (Step 5A)
Out-of-County Field Trip

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

Student: __________________________________________ DOB: ____________________

School: Julia Landon College Prep Leadership and Development Field Trip: Disney’s Animal Kingdom

Field Trip Departure Date: May 22, 2024 Field Trip Return Date: May 22, 2024

In the event of a medical emergency, I give permission to School Board Personnel to authorize whatever treatment is necessary and I will accept liability for payment of any bills related to the treatment.

Insurance Company: ____________________________

Policy Number: ____________________________ Effective Dates: ____________________________

Policy Holder Name: ____________________________

List any medical issues or special needs below, in addition, please note that a Permission for Administration of Medication form must be completed in order for any DCPS personnel to be authorized to administer any medication to a student.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

In case of emergency:

1st Emergency Contact (please print):

Cell: (____) __________ Home: (____) __________ Work: (____) __________

2nd Emergency Contact (please print):

Cell: (____) __________ Home: (____) __________ Work: (____) __________

3rd Emergency Contact (please print):

Cell: (____) __________ Home: (____) __________ Work: (____) __________

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Parent/Guardian Signature: ____________________________ Date: __________
Permission for Administration of Medication
(Step 5)

IMPORTANT REQUIREMENT:
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.)

Prescribed Medication

Student: ___________________________ DOB: ___________ School: ______________________________

Name of Medication: ___________________________ Doctor: ________________________________

Prescription Number: ___________________________ Date of Prescription: ______________________

I, ___________________________, grant permission for the principal or the principal's designee
to assist in the administration of prescribed medication for my child/legal ward, ______________________
(Student) ___________________________.

I certify that the prescribed medication is in its original container and that it is necessary, according to my
doctor's instructions, for this medication to be provided during the school day, including when my child is
away from school property on official school business. I understand that this medication will be given only
according to the directions on the label as prescribed by the doctor. I further understand that it will be my
responsibility to pick up any unused medication, within 30 days at the end of the school year.

Parent/Guardian: ___________________________ Date: ___________________________
(Signature)

Non-Prescription (Over-the-Counter) Medication

Student: ___________________________ DOB: ___________ Weight: ___________

School: _____________________________

I request that my child/legal ward, ___________________________, be given external and/or internal medication identified below during the school day, including when my child is
away from school property on official school business. I will provide the medication in its original
container. I understand that such medication will be given only according to the following directions:

Medication: ___________________________ Amount: ___________ When: _________________
(Directions from the parent/guardian may not exceed the medication instructions on the label.)

Date Medication to be Discontinued: __________________________

Further, I agree to waive any claims of liability that may arise against any school personnel relative to the
administration of medication to my child according to these directions.

Parent/Guardian: ___________________________ Date: ___________________________
(Signature)
Student Return-Transport Release Form  
(Step 11)

I, ________________________, will take full responsibility for my child,  
(Parent/Guardian Name)  
__________________________, at the end of the ___________________________.  
(Child Name)  
__________________________, Disney’s Animal Kingdom  
(Field trip / Event destination or description)  
field trip/ event on May 22, 2024. I will be responsible for the supervision and transportation of my  
(Date of field trip)  
Child at the conclusion of the field trip / event. I release the Duval County School Board, ALL of its  
employees, and the bus contractor from any liability for my child.

__________________________  Date____________________

Parent/Guardian Signature

__________________________  Date____________________

Teacher Signature

__________________________  Date____________________

Principal Signature  
or Principal’s Designee (if Principal is unavailable)