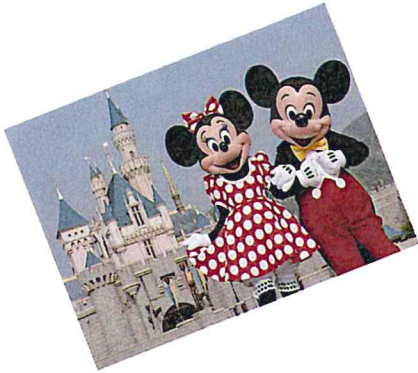


Benjamin Franklin
HIGH SCHOOL
CLASS OF 2019 SENIOR TRIP
WALT DISNEY WORLD



Dear Class of 2019,

You've had an amazing year as juniors at Franklin and worked really hard to get to this point. To celebrate the conclusion of your senior year, we hope you will join us for the Senior Class Trip to Walt Disney World.

Here are the trip details and what you need to know:

Senior Trip Details

Date:

- Part of Mardi Gras Break 2019
- **Depart: Tuesday, March 5, 2019**
- Board Bus at **8:30 AM** in the **faculty parking lot** at school.
- Bus will leave at 9:00 AM. We will leave you if you are not there and you forfeit all money paid. **DON'T BE LATE!**
- **Return: Saturday, March 9, 2019**
- Board Bus at **8:30 AM** from the **WDW Hotel**.
Bus will leave at 9:00 AM. We will leave you if you are not there. You will be responsible for the cost to get home. **DON'T BE LATE!**

Location:

- Orlando, Florida
- Walt Disney World Theme Parks
- Accommodations: Disney's Pop Century Resort
1050 Century Drive
Orlando, FL 32830
Hotel Phone: (407) 938-4000



Cost:

- \$920.00 per student (maximum price) *
- All forms of payments will be accepted:
 - Cash, Check or Money Orders accepted
 - Make checks & money orders payable to *Ben Franklin High School with WDW '19 Trip on memo*
 - * Visa, MasterCard, American Express & Discover Card also accepted – **NOTE: if paying with credit card, the cost of the trip is \$950.00**

Note: Price subject to change based on how many people attend.

- Cost includes: hotel stay for 4 nights

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- Travel costs by motor coach: **YOU MUST RIDE THE BUS – NO EXCEPTIONS! YOUR PARENTS CANNOT DRIVE YOU & YOU MAY NOT DRIVE YOURSELF, NOR MAY YOU FLY AND MEET US THERE!!!**
- 11 meals
- 3-day Park Hopper Tickets to Walt Disney World Theme Parks
- **\$150 deposit** – payments accepted beginning Monday, April 30, 2018
- Monthly payment plans are accepted now until December 14, 2018 (April '18, May '18, June '18, July '18, August '18, September '18, October '18, November '18, December '18).

Fundraising Options:

- Fundraising options will be available. Contact the class sponsors for more information.

Important Dates:

- Announcement: Junior Ring Ceremony (April 27, 2018)
- At least 40 students required
- **\$150 deposit – – payments accepted beginning Monday, April 30, 2018**
- **Last day to sign up: Monday, October 29, 2018**
- **Last day for a refund: Friday, December 14, 2018**
- **Final Payment Due: No later than Friday, December 14, 2018**

Rules & Guidelines:

NOTE: All Benjamin Franklin High School and Walt Disney World rules and regulations are in effect throughout the duration of the trip. Additionally, we will be enforcing the following guidelines in order to be eligible to attend the trip:

- Only students who are enrolled at Benjamin Franklin High School in the Class of 2019 are eligible to attend the Senior Class Trip.
- **Cannot be on the ineligible list (at the time of the trip) and must be on track to graduate. Any student in danger of not graduating will NOT receive a refund after December 14, 2018. If student becomes ineligible after December 14, 2018 all payments made are forfeited.**
- All students who sign up for the trip will be vetted by the administration. The administration holds final approval for all attendees.
- Student cannot have a disciplinary infraction resulting in an out-of-school suspension at any time in their years at Franklin.
- Any student involved in a serious disciplinary offense while on the trip, will be sent home at their own expense. Further disciplinary action may be taken by the administration.
- Any student sent home from the Senior Class Trip will forfeit participation in the graduation ceremony and/or the prom.
- Students will lose their deposit and all money paid if they fail to meet requirements during their end of junior and senior year.
- The student and at least one parent/guardian must attend a **mandatory** Disney meeting. Date/time TBD.
- All required forms must be completed and submitted to Mrs. Christy Cowart Read '89, Development Director & Class of 2019 Co-Sponsor, by **October 31, 2019**.

Chaperoning:

- 1 adult per 10 kids
- Number of Chaperones Depends on Number of Students Planning to attend.


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WALT DISNEY WORLD

- Minimum of 40 students needed to attend.
- Chaperones will be BFHS Faculty or Staff willing to and available to attend and Parents if needed (Background checks would be required for Parent Volunteers)

Required Forms:

- In order to attend the Senior Class Trip your parents must complete and return the attached four forms and provide a copy (front & back) of the student's medical insurance card:
 1. Student Field Trip Permission Slip
 2. Student Emergency Medical Care Data Sheet

Note: All prescriptions must be in the original prescription bottle with visible instructions for each medication.

 3. Authorization for Emergency Medical Care
 4. Special Release of Student Information Consent Form
 5. Copy (front & back) of the student's medical insurance card
- All forms and money are due back to Mrs. Christy Cowart Read '89, Development Director & Class of 2019 Co-Sponsor, no later than **Wednesday, October 31, 2019 by 4:00 PM.**


Things NOT to Bring: (Luggage will be searched prior to departure and throughout the trip).

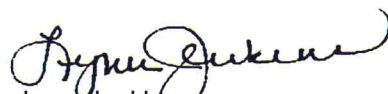
- Alcohol
- Drugs
- Weapons
- Students NOT in the BFHS c/o 2019

Things to Bring:

Spending money	Towel	Ziploc bags
Backpack	Flip-flops	Refillable water bottle
Rain poncho & umbrella	Comfortable shoes	Travel blanket & pillow
Healthy snacks	Sunglasses	ID/Driver's License
Sunscreen!!!	Hat	Personal care items
Swimsuit/Cover Up	Phone/Headphones/Charger/	Luggage tags
Hand sanitizer	Portable Battery	

Please remember, be wise! You are representing BFHS in the public. Your behavior determines the eligibility for future class events. Please feel free to call or email us with any questions or concerns. Congratulations again and we look forward to a *MAGICAL SENIOR CLASS TRIP!*

Sincerely,

 Christy Cowart Read '89
 Development Director/Class of 2019 Co-Sponsor
 Work: 504-286-2615
 Cell: 504-723-0783
cread@bfhsla.org


 Lynn Jenkins
 Admissions Director/ Class of 2019 Co-Sponsor
 Work: 504-286-2610
 Cell: 504-554-1812
ljenkins@bfhsla.org



Benjamin Franklin HIGH SCHOOL

WALT DISNEY WORLD STUDENT FIELD TRIP PERMISSION SLIP

My son/daughter, _____, has my permission to attend the school-sponsored senior trip to Walt Disney World, from Tuesday, March 5, 2019 through Saturday, March 9, 2019 (no instructional days will be missed for this trip). I understand that my child is responsible for adhering to the rules and regulations of Benjamin Franklin High School. I also understand that he/she will be under the care and supervision of the chaperones from Benjamin Franklin High School.

I hereby release the administrators and chaperones and Benjamin Franklin High School of liability to the extent whereby it can be proven in a properly convened court of law that any or all the aforementioned are not negligent in the event of bodily injury.

The chaperones **have/do not have** my permission to give my child over-the-counter medications such as Advil, Tylenol, Benadryl or antacids, if necessary. I also **give/do not give** the chaperones permission to seek emergency medical care for my child, if necessary.

I understand that if my child does not abide by the rules or commits any serious violation, I will be notified by telephone, and my child will be sent home on the next available mode of transportation at my cost and will forfeit his/her participation in the graduation ceremony.

I understand that both my child and I must attend a mandatory informational meeting to discuss rules and procedures of the trip. He/She must be passing all required classes and in position to meet Franklin's graduation requirements before being allowed to attend the trip. **Refunds will not be issued after December 14, 2018 regardless of circumstances.**

By signing this document, I acknowledge that I have read, and agree to, the guidelines of this trip.

Parent's Name Printed: _____

Parent's Cell Phone: _____

Student's Cell Phone: _____

Parent's Signature: _____

Date: _____

FOR SCHOOL USE ONLY

Field Trip Approved By: Patrick Widhalm
Dr. Patrick Widhalm, Head of School

Date Approved: 4/27/2018

Business Office Approval: Allison Bent
Allison Bent, CFO

Date Approved: 4/27/18



STUDENT EMERGENCY MEDICAL CARE DATA SHEET

Please print or type all information:

Child's Full Name: _____

Address: _____

City: New Orleans, State: LA Zip: _____

Date of Birth: _____

Parent/Guardian #1: _____

Daytime phone: _____ Cell phone: _____ Evening phone: _____

Parent/Guardian #2: _____

Daytime phone: _____ Cell phone: _____ Evening phone: _____

The student named above:

- Has an allergy that may be of concern (peanut, bee, chemical, etc.)? [] Yes [] No
• Has a chronic or recurring physical condition that requires medical care? [] Yes [] No
• **Is regularly taking medications prescribed by a physician? [] Yes [] No

** All prescriptions must be in the original prescription bottle with visible instructions for each medication.

- Has another medical condition, an allergic response to medication, health situation or dietary requirements that the school should be aware of? [] Yes [] No

If YES to any above statements, please explain below so that we may be prepared to help your child:

PHYSICIAN AND INSURANCE INFORMATION:

Doctor's Name: _____ Office Phone: _____

Address: _____

Insurance Carrier: _____

Insurance Number: _____ Phone #: _____

Parent's Signature: _____ Date: _____

Attach copy of the front and back of the medical insurance card



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

If emergency treatment is required for my child: _____
Print Child's Full Name

and I cannot be reached immediately, my signature below authorizes the chaperones to exercise their own judgment in calling the physician indicated on the *Student Emergency Medical Care Data Sheet*. If said physician is not available, the school staff may transport my child to a hospital.

I hereby authorize and give my consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician or hospital in the event I am not available to consult with the attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s).

While my child is covered by school insurance while participating in the school field trip, I will assume all financial costs not covered by said insurance company. My signature below is not sufficient for the release of confidential information protected by federal law.

This release shall remain in effect until the conclusion of the trip on Saturday, March 9, 2019.

Parent/Guardian's Signature: _____ Date: _____



SPECIAL RELEASE OF STUDENT INFORMATION CONSENT FORM

The collection and maintenance of a student's personally identifiable information requires special care to ensure the privacy rights and compliance with legal requirements governing these records, including the Family Educational Rights and Privacy Act (FERPA) and LRS 17:3914. Benjamin Franklin High School will maintain student records and personally identifiable information as confidential and will use reasonable commercially available steps to maintain as such. Benjamin Franklin High School will follow all local, state and federal data security laws and policies and only share the data that is required for the purpose stated.

Your child has elected to participate in the 2019 Senior Trip to Walt Disney World Resort. One of the requirements for this activity is that the student information is requested as part of their participation. The following information about your child will be shared for rooming, ticketing, and informational purposes:

- Name and Gender

The information will be shared with the following entities:

- Walt Disney World Resort
- Parents, Guardians, Students and Chaperones participating in the 2019 Benjamin Franklin High School Senior Class Trip

If you elect not to have your child's name release, then the child may not attend the 2019 Senior Class Trip to the Walt Disney World Resort.

I hereby consent to the release and use by Benjamin Franklin High School of my child's personally identifiable information to any person or entity providing services to Benjamin Franklin High School for this activity and who requires my child's personally identifiable information in order to perform those services.

Child's Full Name: _____

Parent's Name Printed: _____

Parent's Signature: _____

Date: _____