

HART MIDDLE SCHOOL 8th Grade Field Trip

Thursday – May 16, 2019

Cost \$ 120.00 (Student or Adult chaperone)

6:30 AM	Students arrive at HART to check-in and board buses
6:45 AM	Buses LEAVE Hart
8:30 AM	DIAMOND JACK'S RIVER TOUR of the Michigan and Canadian shoreline.
10:30 AM	Begin a guided tour of Ford Field (<i>Home of the Detroit Lions</i>)
12:30 PM	Walk to COMERICA PARK
1:10 PM	The “ Detroit Tigers vs. Oakland Athletics ” baseball game begins (\$10.00 CASHBACK provided towards lunch at the game)
5:00 PM	Dinner at HARD ROCK CAFÉ (included)
6:30 PM	Board coaches and transfer back home
7:30 PM	ARRIVE AT HART MIDDLE SCHOOL

Students going on the field trip must travel with the group for the entire trip. With a large number of students to keep safe, we cannot make exceptions for students leaving early.

(To attend, you must be an 8th grade student at Hart or a parent/guardian of an 8th grader.)

PARENT CHAPERONES

In order for this trip to be successful, we will need a large number of parent chaperones. Please consider joining us on this exciting experience, without the support of our parents this trip would not be possible.

A completed ICHAT form (Attached) is required for all chaperones.

PERMISSION SLIP

The attached permission slip must be completed and turned in to the box in the main office.

Do not turn in the permission slip to your teachers!

You ARE NOT registered for the trip until you register online AND turn in your permission slip!

Students registering after **Nov 23 may be placed on a waiting list!**

Payment Schedule

Payment Details	Due Date	Amount Due
Online Registration Deadline	Nov 23, 2018	---
Deposit	Nov 30, 2018	\$40.00 per participant
2 nd Payment	January 25, 2019	\$40.00 per participant
Final Payment	March 22, 2019	Remaining Balance

Per our contract with Bob Rogers Travel, payments must be made through the IPS system via VISA, MasterCard, DISCOVER Credit/Debit Card or VISA/MasterCard reloadable Prepaid Card (available at your local financial institution) and will be automatically deducted from your selected card on the payment due dates. VISA/MasterCard/Discover Gift Cards are not accepted. See attached instructions for creating an IPS account.

BOB ROGERS CANCELLATION POLICY

All cancellations must be made in writing to Bob Rogers Travel. All money and fees paid prior to the individual cancellation (determined by the postmark or email date) are non-refundable and nontransferable.

No refunds or credit will be issued for a cancelled participant.

**ROCHESTER COMMUNITY SCHOOLS
FIELD TRIP TRANSPORTATION
PARENTAL/GUARDIAN CONSENT FORM**

METHOD OF TRANSPORTATION

_____ District Owned or Leased Vehicles XX Non-District Owned Vehicles (Charter Buses)

Field trip transportation for Rochester Community Schools students may be provided using District owned or leased vehicles, private transportation, parent/guardian drivers, or student drivers.

MEDICAL TREATMENT

If any emergency medical procedures or treatment are required during the field trip, I consent to the field trip coordinator taking, arranging for, and consenting to the procedures or treatment in the coordinator's discretion. I will pay the costs of any such medical procedures or treatment.

WAIVER OF LIABILITY

I release and waive any, and further agree to indemnify, hold harmless or reimburse the Board of Education, the individual members, agents, employees and representatives thereof, as well as field trip coordinators, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the student's participation in the trip and related activities or the rendering of emergency medical procedures or treatment, if any.

CONSENT

I request that the student named below be allowed to participate in the field trip planned and specifically consent to the student's participation.

I hereby give permission for my son/daughter _____ to participate in the following school sponsored field trip to Detroit (including Diamond Jack River Tour, Ford Field, Comerica Park, and Hard Rock Café).

Field Trip Date: Thursday, May 16, 2019 Departure Time: 6:45am Return Time: 7:30PM

Signature of Parent/Guardian: _____ Date: _____

_____ Yes, I will be registering with the tour company as a chaperone.

Name: _____ Cell Number: _____



**ROCHESTER COMMUNITY SCHOOLS
VOLUNTEER GUIDELINES AND ICHAT AUTHORIZATION FORM
2018-2019**

Attachment A

Revised 6/18/18

Volunteer Guidelines

Volunteers to the Rochester Community Schools may be used on a temporary basis to give support to a classroom or program. Volunteers are appreciated but should not be a distraction to the school environment. The following guidelines are to be used as volunteers are assigned to classrooms or programs:

- If a volunteer will be with students for a significant length of time **without a RCS employee being present**, or will be with students on **a regular basis**, that volunteer will be required to have a Michigan State Police Internet Criminal History Access Tool (ICHAT) screening annually. The results of this ICHAT criminal background check will remain confidential and will only be used by School District administration to determine if you have been convicted of an offense that would otherwise prohibit you from working in our schools.
- Please only complete **one form per school year**. ICHATs must be run every school year.
- You **MUST** attach a copy of your Driver's License or State ID with this form in order for it to be processed.

**ICHAT AUTHORIZATION -
PLEASE PRINT CLEARLY * = Required Field**

Please return this form to your building secretary and/or appropriate department for review.

*Teacher's Name: _____ *School Building(s): _____

*Student(s) Name(s): _____

Volunteer Information

*Full Legal First Name: _____ *Legal Last Name: _____ *MI: _____

*Other First Name: _____ *Maiden/Other Last Name: _____ *MI: _____

*Phone Number: _____ Alternate Phone Number: _____

*Race: Indicate best option per ICHAT system choices: Check one

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black
- White
- Unknown/Other

*Gender: Male Female

*Birth Date: _____ / _____ / _____
MM DD YYYY

*Reason for Background Check: Check all that apply

- | | |
|---|---|
| <input type="radio"/> Band Boosters | <input type="radio"/> Enrichment/BASES Program: * |
| <input type="radio"/> Classroom Volunteer | <input type="radio"/> Field Trip Chaperone - *Date of Trip: _____ |
| <input type="radio"/> Camp Chaperone | <input type="radio"/> Summer Music Theatre |
| <input type="radio"/> Club Sponsor: * | <input type="radio"/> Other: _____ |
| <input type="radio"/> College Field Placement | <input type="radio"/> Other: _____ |

***** VOLUNTEER / ASSISTANT COACHES AND ANY OVERNIGHT CAMP REQUIRE FINGERPRINTING *****

My signature below is representative of my approval for the Rochester Community Schools Human Resources Department to conduct a criminal background check against my records using the Michigan State Police ICHAT system.

*Volunteer Signature: _____ Date: _____
(No electronic signatures will be accepted.)

(For Office Use Only)

BUILDING SECRETARY: To avoid running duplicate background checks and accruing additional fees, please initial here that you have reviewed this form and have checked the master list before sending to Central Office: _____

Approved Date: _____ Not Approved Date: _____

TRIP ID/REGISTRATION CODE: MI010000073



Bob Rogers Travel
Making Moments That Matter

INSTRUCTIONS FOR CREATING YOUR IPS ACCOUNT

You will need the following items to be able to create your IPS Account.

- An active Credit /Debit/Reloadable Prepaid Card endorsed by Visa, MasterCard or Discover.
- An active email account.
- Your Trip ID.
- Internet access.

STEP 1:

- Go to ips.bobrogerstravel.com to begin the registration process.
- If you are a new user to the IPS system, please enter in Trip ID MI010000073 to register.
- If you are a returning user, please enter in your E-mail and password to register.

	<h3>Returning Users</h3>	<h3>New Users</h3>
		Enter the trip ID provided by your organizer and click Register.
E-Mail Address	<input type="text"/>	Trip ID <input type="text"/>
Password	<input type="password"/>	
	<input type="button" value="Login"/> <input <="" td="" type="button" value="Forgot Password?"/> <td><input type="button" value="Register"/></td>	<input type="button" value="Register"/>

STEP 2:

- Complete all appropriate fields.
 - Password must be alpha & numeric with a minimum of eight characters and one upper case character.

STEP 3:

- Read and accept the following Travel Insurance Acknowledgement and Travel Agreement.

STEP 4:

- After all appropriate information has been supplied, an enrollment email will be sent to the provided address. All future notifications will come via email. *(Check junk/spam folder if emails are not received.)*
 - If you need to **register additional travelers**, please login using your email and password, then click on the trip ID and select "Add a Traveler".
 - Return to ips.bobrogerstravel.com to review your account and update your payment information.

*Thank you for choosing Bob Rogers Travel –
we look forward to helping you create lasting memories!*