



Richard Beasley Elementary School

PROUD SCHOOL OF HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD

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May 26, 2023

Dear Parents and Guardians,

On Friday, June 23rd, the Grades 1-5 classes will be attending a viewing of the movie Elemental at Landmark Theatres in Hamilton. Students will leave the school at 9:30 am and return by 1 p.m.

This trip gives our students an opportunity to cover part of our Drama curriculum - Exploring Forms and Cultural Contexts: identify and describe a variety of drama and theatre forms they experience in their home, school, and community, and in the media. It will also cover part of the Ontario Report Card Learning Skills/Responsibility: **I am responsible when I take ownership of my behaviour in different contexts.**

****Please note that students will NOT be able to purchase items from the concession stand.**

Parents/Guardians are also invited to volunteer for this trip if they have a police check. It will be on a first come, first chosen basis. We wish to apologize in advance as unfortunately, the school will not be able to cover the cost for volunteers.

If you are interested in volunteering, please include your information on your child's trip form. We will inform you as soon as possible if you have been chosen as we would need to also know what your concession options are.

(Please complete the section below and return it to school by June 9th, 2023.)

Classroom teacher: _____

Option 1: Cost of admission is \$8.00 _____

Option 2: Cost of Admission + Kids Combo (includes a junior popcorn; junior fountain drink (Please circle your drink option: Sprite, Orange Fanta, Bottle water) & skittles): 16.00 _____

Option 3: Cost of Admission + Small Popcorn and Small Drink (Please circle your drink option: Sprite, Orange Fanta, Bottle water): \$18.00 _____

PLEASE RETURN THIS FORM ALONG WITH THE SIGNED PERMISSION FORMS & PAYMENT (PLEASE IF PAYING BY CASH EXACT CHANGE ONLY) TO YOUR CHILDS TEACHER NO LATER THAT JUNE 9, 2023.

*****DUE TO PRE-ORDERING REQUIREMENTS FOR THE MOVIE THEATRE, REFUNDS WILL NOT BE AVAILABLE.**



PARENT/GUARDIAN INFORMATION LETTER

Choose School Name

School Phone:

Date

Please keep this form at home for your information

Dear Parent/Guardian:

As an extension of the curricular program, the Grade 1-5 is/are planning an excursion.

Location: Landmark Theatres

Activity: Movie - Elemental

Date(s)/Time(s) Leaving the School: June 23, 2023 9:30 am

Date(s)/Time(s) Returning to School: June 23, 2023 12:30pm

Transportation Method: Attridge Transportation

Non-Staff Volunteers/Drivers will not be participating in this activity.

The cost per pupil for the excursion is \$8.00/\$16/\$18

We encourage you to pay online, cash is also accepted. *(exact change only)*
no refunds



Students are required to bring: n/a

The excursion is part of the regular school program. It is intended the students will learn:
Exploring Forms and Cultural Contexts: demonstrate an understanding of a variety of drama and theatre forms and styles from the past and present.

Expectations regarding student behaviour are the same as those for the regular school day. While we do not anticipate any problems, any serious breach of the School Code of Conduct on the part of the student may result in the student being sent home at the expense of the parent/guardian and further disciplinary action may be imposed.

Student information contained in your child's school records will be taken along on the excursion and will be used only in the case of an emergency. Please ensure the following elements in your child's student information record is up-to-date. **Notify the school office immediately of any changes:**

- *Parents/Guardians and Home Address/Phone Numbers*
- *Emergency Contact Names/Phone Numbers*
- *Medical/Health Concerns*

We are looking forward to an exciting and educationally enriching excursion. Please indicate your acceptance of the conditions outlined above by completing and returning to the school the attached consent form by June 9th



Volunteers



Volunteer Drivers

are needed. Please contact your child's teacher if interested.

Please contact your child's teacher or the School Principal if you have any concerns or if your child requires any special accommodations for this activity.

Sincerely,

Melissa Slattery

(Teacher in Charge)

Jo Ann Corbin Harper (Principal)



PARENT/GUARDIAN CONSENT FORM

Please return this form to the school

THIS FORM MUST BE READ AND SIGNED BY A PARENT/GUARDIAN OF ANY STUDENT PARTICIPATING IN THE EXCURSION AND/OR BY ANY PARTICIPATING STUDENT OVER 18 YEARS OF AGE. PLEASE COMPLETE THIS FORM, ARRANGE FOR PAYMENT, AND RETURN TO THE SCHOOL BY

School: Richard Beasley

Date of Excursion: June 23, 2023

Location: Landmark Theatres

Activity: Watching a movie

Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in this activity:

1. Slips, strains
2. vehicle accident
3. Trips and sprains
4. choking

- I/We acknowledge receipt of the letter dated May 26, 2023 from the school with respect to the upcoming student excursion. We authorize transportation by Attridge Transportation
- I/We understand that excursions contain an element of risk and accidents may occur that may result in injury and/or loss without fault of either the student, or the school board, its employees or the facility where the activity is taking place.
- I/We understand that by choosing to allow the student to participate in this activity, I/we bear the responsibility of for any injury that might occur. The chance of an injury occurring can be reduced by students carefully following instructions at all times while engaged in the activity.
- I/We understand that Hamilton-Wentworth District School Board does NOT provide accidental death, disability, dismemberment or medical expense insurance on behalf of students participating in this activity. If you do not have private insurance coverage, Student Accident Insurance coverage is available and may be purchased through Reliable Life at 1-800-463-KIDS (5437) or online at www.insuremykids.com.
- I/We grant permission to obtain medical treatment in the event of a medical emergency where attempts to make contact using the information provided to the school are not successful.
- I/We understand that the School Code of Conduct as well as the Board's Code of Conduct on School Related Vehicles are in effect and will apply to all students at all times during this activity.
- I/We understand that that neither Hamilton-Wentworth District School Board or the School will accept responsibility for any money not refunded by the service provider, nor for transportation costs incurred, should you subsequently decide not to permit the student to attend.
- I/We understand Hamilton-Wentworth District School Board nor the School, will not be responsible for financial loss resulting from the cancellation of any school excursion by a Tour Company, Transportation Carrier or cancellation by the board.

☐ I/WE HAVE READ THE ABOVE AND WE UNDERSTAND IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

☐ I/WE GIVE PERMISSION FOR THE STUDENT TO PARTICIPATE IN THE ACTIVITY NOTED ABOVE.

Names of Student: _____

Teacher: _____

Signature of Student (if over 18): _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

PLEASE CHECK BOX FOR METHOD OF PAYMENT: ☐ ONLINE ☐ CASH

☐ I am interested in volunteering. Please contact me to initiate the volunteer screening process.

(exact amount -
change will not
be provided)



STUDENT EMERGENCY MEDICAL/CONTACT INFORMATION FORM

Choose School Name

Please return this form to the school

Excursion Location: Landmark Theatres

Date(s) of Excursion: June 23, 2023

Grade(s): 1-5

Class/Course/Group:

At the conclusion of this excursion/series of excursions, this form will be shredded by the school.

To be completed by the parent/guardian:

Surname: _____ First Name: _____ Middle Name: _____

Date of Birth: _____

In the event of an emergency during this excursion, please list in order of priority who should be contacted:

Name	Relation (e.g.: parent, uncle, friend)	Preferred Contact Telephone #	Alternate Contact Telephone #	Pickup Student
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical Information required for this excursion to be used by Teacher/Supervisors:

Allergies: _____ Life Threatening: Yes ☐ No ☐

_____ Epipen: Yes ☐ No ☐

Other Medical Conditions/Restrictions/Limitations: _____

Are there any medical concerns/specific instructions related to this excursion (please attach additional information if necessary): _____

FOR OUT OF PROVINCE/COUNTRY EXCURSIONS ONLY

Medical Insurance Provider: _____ Policy Number: _____

Provider Contact Telephone: _____ Proof of Coverage: Yes ☐ No ☐

Consent of Parent/Guardian

I/We understand that in the event of a medical emergency, while on the excursion, medical officials can authorize emergency medical care. This would apply when a serious condition exists and the Hamilton-Wentworth District School Board and medical officials have been unable to contact the parents/guardians.

Parent/Guardian Signature: _____ Date: _____

Information on this form is collected under the legal authority of the Education Act and in accordance with the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. It will be used only in the event of an accident or illness of the student attending the excursion. Questions or concerns should be directed to the school principal.