



# Rockton Elementary School

PROUD SCHOOL OF HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD

670 Hwy 8  
Dundas, ON L9H 5E1  
Phone: 289.345.4555  
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Principal: Paul Clemens  
Office Administrators: Deb Jeffrey, Denise Fogel  
EMAIL: rockton@hwdsb.on.ca  
www.hwdsb.on.ca/rockton

Monday, November 14, 2022

Dear Parents and Guardians,

In order to assist us with the planning and coordination required for the Turkey Skate on Dec. 15<sup>th</sup>, we request your assistance with **completing and returning the enclosed forms by December 1<sup>st</sup>**. Please note that the ability to offer the event is dependent on getting enough volunteers and providing appropriate equipment (skates, helmets) for any students who wish to join us.

If you haven't already done so, and would like to volunteer, please contact Mrs. Fogel in the main office via email to get signed up (dfogel@hwdsb.on.ca). You will need to have a Police Check completed with the Vulnerable Sector Screening option, and this takes a few weeks.

We hope that all children will attend the turkey lunch even if they decide to opt out of the skating portion of the day. Students who opt out of skating will remain at school for an alternate activity during the scheduled skating time and will join their class at the arena for the lunch unless they wish to opt out of both.

Grades 1 and 2: Skating 9:45 to 10:30	Lunch from 10:55 to 11:45 ( <i>Kindergarten joins lunch</i> )
Grades 3 and 4: Skating 10:55 to 11:35	Lunch from 11:45 to 12:30
Grades 5 and 6: Skating 11:45 to 12:45	Lunch from 1:15 to 1:55
Grades 7 and 8: <u>Lunch</u> 1:15 to 1:55	<u>Skating</u> from 2:00 to 3:00

Please let us know your child's wishes regarding skating by checking one of the options below:

Child's Name: \_\_\_\_\_  
Teacher: \_\_\_\_\_

\_\_\_ My child will not be attending either the skating or the lunch.

\_\_\_ My child plans to attend the skating time with their class and has a properly-fitted helmet and skates. They will also attend the lunch.

\_\_\_ My child plans to remain at the school for an alternate activity during the skating time but will join their class for the lunch portion.

\_\_\_ My child would like to try skating but requires some equipment (to be provided by School Council). Please check which equipment is needed \_\_\_ Helmet \_\_\_ Skates.  
**Please provide shoe size:** \_\_\_\_\_

\_\_\_ My child has the following dietary considerations regarding the turkey lunch:

Parent or Guardian Signature: \_\_\_\_\_



PARENT/GUARDIAN INFORMATION LETTER

School: Rockton ES

School Phone: 289-345-4555

Date Nov. 14, 2022

Please keep this form at home for your information

Dear Parent/Guardian:

As an extension of the curricular program, the K to 8 teachers is/are planning an excursion.

Location: Beverly Arena

Activity: Skating (and) Lunch

Date(s)/Time(s) Leaving the School: ,Dec. 15 - time varies by grade level.

Date(s)/Time(s) Returning to School: Dec. 15 - time varies by grade level.

Transportation Method: Walking

Non-Staff Volunteers will be participating in this activity.

The cost per pupil for the excursion is \$0.00

We encourage you to pay online, cash/cheque also accepted.

Students are required to bring: Properly fitted and CSA approved skates and helmet \*

The excursion is part of the regular school program. It is intended the students will learn:

physical skills (skating), social skills (positive peer interactions), celebrating traditions

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 Dec. 1, 2022

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,

(Teacher in Charge)

Paul Clemens

(Principal)



Grades 1-8

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: Rockton ES

Date of Excursion: Thurs., Dec. 15, 2022

Location: Beverly Community Centre

Activity: Turkey Lunch and Skating

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. trips and falls
- 2. sprains and bruises
- 3. cuts and bruises
- 4. choking

- I/We acknowledge receipt of the letter dated Nov. 14, 2022 from the school with respect to the upcoming student excursion. We authorize transportation by walking
- 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](http://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  CHEQUE

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



**STUDENT EMERGENCY MEDICAL/CONTACT  
INFORMATION FORM**

Choose School Name Rockton

**Please return this form to the school**

Excursion Location: Beverly Community Centre

Date(s) of Excursion: Dec. 15, 2022

Grade(s): K to 8

Class/Course/Group: Turkey Skate

*\* Kindergarten not skating.*

***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"/>
				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: \_\_\_\_\_