



Rockton Elementary School

PROUD SCHOOL OF HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD

670 Hwy 8
Dundas, ON L9H 5E1
Phone: 289.345.4555
Fax: 519.647.0182

Principal: Leanne Tovey
Office Administrator: Deb Jeffrey
EMAIL: rockton@hwdsb.on.ca
www.hwdsb.on.ca/rockton

November 13, 2028

Dear Parents and Guardians,

In order to assist us with the planning and coordination required for the Turkey Skate on **Wed, Dec. 4th**, we request your assistance with **completing and returning the enclosed forms by Wed, Nov 27th**. 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 lunch unless they wish to opt out of both.

Skate Time	Grade	Lunch	Grade
10:15-11:00 am	Gr 1-2	10:30-10:55 am	JK/SK
11:15 -12:00 pm	Gr 5-6	11:15-11:45 am	Gr 1-3/4
12:15–1:00 PM	Gr 3-4	12:10-12:40 pm	Gr 4-6
2:00-3:00 PM	Gr 7-8	1:00-1:45 pm	Gr 7-8



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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: _____ Skate Size: _____

☐ My child has the following dietary considerations regarding the turkey lunch.

Parent or Guardian Signature: _____

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: **Wednesday, November 27th, 2024**

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

Sincerely,

L. Tovey, Principal



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Please keep this form at home for your information

Dear Parent/Guardian:

As an extension of the curricular program, the 1 to 8 teachers is/are planning an excursion.

Location: Beverly Community Arena

Activity: Skating and Lunch

Date(s)/Time(s) Leaving the School: Dec. 4 - time varies

Date(s)/Time(s) Returning to School: Dec. 4 - time varies

Transportation Method: Walking with Supervision

Non-Staff Volunteers: **will be participating in this activity.**

The cost per pupil for the excursion is \$0.00

If you would like to make a donation to this event, please visit our School Cash Online

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 students will learn: Physical skills (skating), social skills (positive peer interactions), celebrating and acknowledging traditions of celebration.

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 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



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PARENT/GUARDIAN CONSENT FORM

(Grades 1-8)

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, AND RETURN TO THE SCHOOL BY: **Wednesday, November 27th, 2024**

School: Rockton Elementary School Date of Excursion: Wed, Dec. 4, 2024

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, falls, and concussions
2. sprains and brakes
3. cuts and bruises
4. choking

- I/We acknowledge receipt of the letter dated **November 13, 2024**, from the school with respect to the upcoming student excursion. We authorize transportation by walking.
- I/We understand that excursions contain an element or 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.
- If/We understand that by choosing to allow the student to participate in this activity, I/we bear the responsibility 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.insuremvkids.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.



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- I/We understand 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 Parent/Guardian: _____

Date: _____



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STUDENT EMERGENCY MEDICAL/CONTACT INFORMATION FORM

Please return this form to the school

Excursion Location: Beverly Community Centre

Date: Wed, December 4th, 2024

Grade(s): K to 8 (Kindergarten not Skating) Class/Course/Group: Grades 1-8 Turkey Skate

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 No
				Yes No
				Yes No

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)? _____

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.