



7TH GRADE MAGNET TRIP
DISNEY WORLD
FEBRUARY 22-23, 2018



This year the 7th grade Magnet Trip is to Walt Disney World to participate in the Disney Y.E.S Program! This program offers students an in- depth look at how physics is at the core of bringing Hollywood Studios attractions to life. Student teams will act as Disney attraction engineers as they learn about how science plays a vital role in theme park attractions. They will experience how Walt Disney Imagineers used an understanding of gravity and Newton's laws of motion to create the free-fall effects seen/experienced in The Twilight Zone Tower of Terror™ attraction, and see how magnetism and Newton's laws of motion accelerate the ride vehicles on Rock 'n Roller Coaster® Starring Aerosmith. This is a once in a lifetime opportunity for our 7th graders to experience Disney World as they never have before, behind the scenes!

The total cost of this trip is \$275.

This price includes the following:

- ✓ Transportation: \$60
- ✓ Hotel (All-Star Sports Resort-on site): \$45
- ✓ YES Program Participation
- ✓ Disney World Magic Kingdom Park Ticket: \$118 (ticket + YES)
- ✓ Pizza (at school) before departure (2/22); Breakfast (2/23); Snack (2/22 & 2/23) : \$15
- ✓ Lunch Voucher w/dessert (2/23): \$20
- ✓ T-Shirt: \$12
- ✓ Private Security (at hotel for our block of rooms): \$5

Students will need spending money for the following:

- Dinner at Downtown Disney (Thursday Evening) 2/22 (on their own)
- Dinner at Disney World (Friday Late Afternoon) 2/23 (on their own)
- Souvenirs/Snacks

Payment Schedule:

October 20, 2017- 1st payment \$140 (DEPOSIT IS NON-REFUNDABLE)

January 4, 2018- 2nd payment \$135

**Students must have their permission form (attached), activity form (attached), and deposit turned in by 10/20 to be added to the list for the trip.*

***Annual passes CAN NOT be used for admission to the park. The ticket price includes admission AND the Y.E.S. program.*

Chaperones:

Chaperone spots are limited! You must sign up at <http://www.signupgenius.com/> (search gassg@leonschools.net) You must have a volunteer form filled out online (no later than 10/15/17) & pay the 1st payment by **October 20th**. All chaperones are required to attend the Chaperone Meeting in February. (Date for meeting TBA.)

<https://volunteers.leonschools.net/Volunteers/>

-Tentative Itinerary on the back-

***If a student receives a referral, lunch detention, is suspended, or gets a 2 in citizenship prior to 2/22/18 they will not be allowed to attend the 7th grade magnet trip to Disney. No refunds will be given!*

SIGN UP FOR REMIND TEXT ALERTS

Text: @he94g

To: 81010

The tentative itinerary for the trip (subject to change):

Thursday, February 22

Depart Cobb 12:30 PM

Students will go to classes in the morning and eat lunch before we leave.

Rest Area Snack 2:30 PM

Downtown Disney 5:00-7:30 PM

Students will be on their own to eat dinner.

Arrive at Hotel 8:00 PM

The hotel has an outdoor movie each night. After the movie, students will be in their rooms (and stay in their rooms) until breakfast the next morning.

Friday, February 23

Breakfast 6:30-7:00 AM

At the bus

Load Buses 7:00 AM

Arrive at Disney 7:30 AM

YES Program 7:30-10:30 AM

Park & Lunch 10:30 AM-2:00 PM

Lunch voucher is included!

Check In 2:00 PM

Mandatory Check in for ALL students!

Park & Dinner 2:00-5:30 PM

Students will need spending money for dinner on their own.

Load Buses 5:30 PM

Depart Disney 6:00 PM

Rest Area Break 8:00 PM

Arrive at Cobb 10:00 PM

ELIZABETH COBB MIDDLE SCHOOL

Tonja Fitzgerald, Principal
Mike Holmes, Assistant Principal
Matt Roberson, Assistant Principal



915 Hillcrest Ave. Tallahassee, FL 32308
Tel: (850) 488-3364 Fax: (850) 922-2452
Website: www.cobb.leon.k12.fl.us

Excellent on Purpose

This completed form must be returned No later than: October 20, 2017

Student's Name: _____

Address: _____

Allergies: _____ Medications: _____

Physician: _____ Physician's Phone #: _____

Insurance Company: _____ Policy #: _____

Emergency Contacts:

Father: _____ Home Ph: _____ Cell Ph: _____

Email: _____

Mother: _____ Home Ph: _____ Cell Ph: _____

Email: _____

Other: _____ Home Ph: _____ Cell Ph: _____

The above named student has permission to travel to:

Destination: Orlando, FL Date: 2/22/18-2/23/18

Method of Transportation: Mike's Limos (Charter Bus)
(NO OTHER METHOD OF TRANSPORTATION ALLOWED!!!!!!!)

Time of Departure: 12:30 PM (2/22/18) Time of Return: 10:00 PM (2/23/18)

I have read the Leon County Student Code of Conduct and agree to abide by the rules of Cobb Middle School and the Leon County School District.

***Each student will be properly supervised and every precaution will be taken to ensure your child's safety.**

Legal Guardian's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

*** Additional information: Please contact Gina Gass gassg@leonschools.net or Page Curry curryp@leonschools.net with any questions or concerns.**

Section I

APPLICATION FOR ACTIVITY PARTICIPATION

A. * Name _____ Grade _____ School _____
Address _____ Home Phone _____ Parent's Work Phone _____

I have read and understood all sections of this form that apply to my child. I certify that _____, who is a student and whose name is as it appears on his/her birth certificate, is my child or my legal ward, resides with me, and has been residing with me since (date) _____ at the following address: _____ (ZIP). I also state that we are now living within the attendance boundaries or have been reassigned by the district to _____ school.

Date _____ Signature of Parent or Legal Guardian _____

B. PERMISSION FOR SUPERVISED FIELD AND ACTIVITY TRIPS

During the school year, it sometimes becomes desirable to add to the educational experience of our students through planned visits to points outside of the school building. The visit might be a short field trip to a local point of educational interest, or on the middle and senior high school level, it might involve representing the school out of town in some group activity, such as band, chorus, athletic, academic, service club events, etc.

We request that you grant permission for your child to participate in any such trip during the entire school year so that we may keep this form on file and avoid the necessity of asking for such permission on each occasion. The Leon County School Board has authorized the use of buses, private passenger cars and those approved vans that meet all of the Federal Safety Standards to transport students to any such trips. Notification will be provided to you concerning the type of transportation to be used. School officials will provide trip itinerary for all out of county trips.

* **Part I: CONSENT**

The undersigned as parent or guardian gives consent for the participant to use the Leon County School Board – approved means of transportation as a representative of _____ School for the supervised field and/or activity trips.

Date _____ Signature of Parent or Legal Guardian _____

PART II: NON-CONSENT

The undersigned as parent or guardian does not give consent for the participation to use the Leon County School Board – approved means of transportation as a representative of _____ School for the supervised field and/or activity trips.

Date _____ Signature of Parent or Legal Guardian _____

C. MEDICAL RELEASE

* **PART I: CONSENT**

The undersigned as the parent(s) and/or legal guardian(s) of _____ do hereby authorize the agent or officials of the Leon County School Board to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. No action shall be taken until an attempt is made to contact me at the phone number(s) listed below. Payment of all charges incurred for medical treatment is guaranteed by parent/guardian or the insurance company providing coverage for above named student.

Home Phone _____ Business Phone _____

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signature below.

* Date _____ Signature of Parent or Legal Guardian _____

PART II: NON-CONSENT

As parent or guardian of _____, I do not desire to sign the medical and surgical release form above.

Date _____ Signature of Parent or Legal Guardian _____

D. INSURANCE

As parent or guardian of the student identified herein, I understand that the School Board of Leon County is not liable for injuries to participants in school activities. I further understand that all students shall be required to have proper medical insurance before they will be permitted to practice and participate in any co-curricular activity or field trip program.

* Date _____ Signature of Parent or Legal Guardian _____
The following options shall be the only acceptable ones: (Please check your selected option.)

1. = Personal Medical Insurance. The use of your personal medical or active/retired military insurance shall cover the activity(s) that your son or daughter will be participating in the current school year, and the insurance covers a minimum of \$25,000.
Company _____ Policy Number _____

2. = Student Activities Insurance Made Available through the School Board of Leon County. The cost of the insurance to be paid by the student participating (each year the county will publish the School Board of Leon County Insurance Plan for students). See school front office for details.

