

PARENT INTEREST MEETING 8TH GRADE DDC TRIP

SEPT. 8, 2022

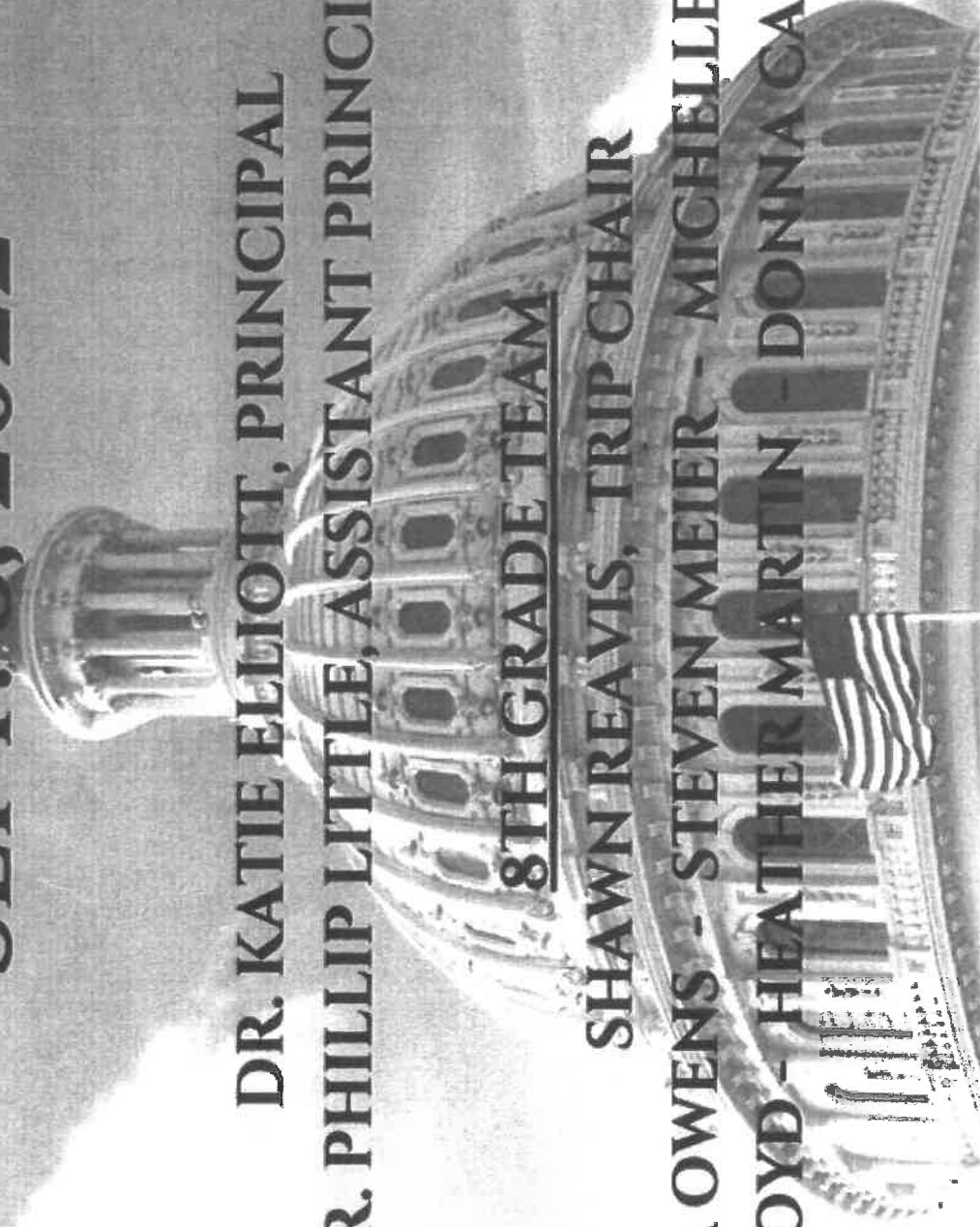
DR. KATIE ELLIOTT, PRINCIPAL
MR. PHILLIP LITTLE, ASSISTANT PRINCIPAL

8TH GRADE TEAM

SHAWN REAVIS, TRIP CHAIR

LISA OWENS - STEVEN MEIER - MICHELLE SIMS

AMY BOYD - HEATHER MARTIN - DONNA CALDWELL



Dear Parent/Guardian,

We are delighted to be able to plan a much awaited trip to our nation's capital for the 8th graders of Hudson Middle School. We have not been able to visit the capital since 2019! If you feel like you want your child to take advantage of this opportunity, please sign and return this letter of intent with the required deposit for each traveler..

Please check beside the statement below that best applies to you and your family for our trip scheduled for March 7-10, 2023. Thank you for the time and interest you are showing in helping put this trip together.

The price for the trip is around \$650 per person based on a four-person room. Parents/students staying in a two-person or three-person room will cost more because a double or triple occupancy is naturally more expensive than a quad occupancy. Same thing is true for a solo room. **There is a \$100 per person non-refundable deposit required for the trip due September 23, 2022** which will be applied to your total.

The payment schedule is as follows:	
September 23	\$100 non-refundable deposit
October 23	\$100
November 18	\$150
December 16	\$150
January 13	Balance is due

Fundraisers could lower your end payments so work hard and take advantage of the opportunities. **Please do not miss a payment if you are planning to go on this wonderful trip.** No refunds can be given after Christmas break due to commitments made.

To qualify for this trip you should be aware of these guidelines. You should be making passing grades in your classes. Good attendance is a must. If you cannot come to school, you do not need to be out of state and missing classes. You should not have any debt to the cafeteria. **All students must have a health insurance policy that provides coverage at the time of the trip.**

Student Name: _____

_____ Yes, I want my child to go on the Washington, D.C. trip in the spring of 2023

_____ Yes, I want my child to go on the Washington, D.C. trip in the spring of 2023 and I want to go as a **working** chaperone. Chaperone Name: _____

Student _____
Homeroom _____
Bus Number _____

**Hudson Middle School
Field Trip Permission Form**

Hudson Middle School considers the following expectations essential in its code of conduct for all school trips.

1. Each student is expected to follow the instructions of the supervising teacher without exception.
2. Each student is to attend all prescribed functions designated as the purpose of the trip.
3. Each student is expected to travel to and from the trip with the assigned group.
4. Each student is expected to observe rules as established and published in our Student Handbook as well as observe all policies of the Caldwell County Board of Education.
5. Each student is expected to be a good representative of the school in conduct and example.

The school is interested in providing educational opportunities through such trips. In order to make such trips possible, the school must have the cooperation of everyone involved.

_____ has my permission to attend Hudson Middle 8th Grade, Washington D.C. school trip. It is my understanding that the trip has been well planned and will be closely supervised; consequently, I will not hold the school liable for the conduct of my child. I further accept the responsibility of informing my child as to proper behavior on such a trip. I will not hold the school liable for any personal injury.

Date

Signature of Parent

Student _____

Homeroom _____

Bus Number _____

**Hudson Middle School
Field Trip Permission Form**

Student Name _____

School Insurance? Yes ___ No ___

Family Policy # _____ Company _____

List any medical conditions/allergies that your child has that we need to be aware of: _____

Name and number of persons to contact in case of an emergency;

1. _____ Relationship _____
Home/Work Number _____ Cell _____

2. _____ Relationship _____
Home/Work Number _____ Cell _____

3. _____ Relationship _____
Home/Work Number _____ Cell _____

Any comments concerning your child:

Signature of Parent Date



Caldwell County Schools MEDICATION AUTHORIZATION FORM

Valid for Current School Year Only

Student: _____ DOB: _____ School: _____ School Yr: _____

I certify that administration of the prescribed medication(s) to the student during the school day is necessary to maintain and support the student's continued presence in school or at school sponsored events.

Child has received at least one dose of medication at home without reactions or side effects.

Daily and PRN medications MAY NOT be self-administered or self-carried by students.				
Diagnosis	Name of Medication	Dosage	Route	Time(s) to give
Daily medication for:				
PRN medication for:				
Possible Side Effect:				

Medication Order Start Date: _____ Stop Date: _____

Emergency Medications:

*This student is capable and responsible to self-carry emergency medication (please check below)
(only for epi-pens, inhalers, insulin, emergency medications for seizures and diabetes)*

No

 Yes, with supervision

Yes, Unsupervised- I have instructed the student in proper use/care of the medication.

Prescribing Health Care Provider Name: (Print) _____ Phone: _____

Prescribing Health Care Provider Signature: _____

PARENT/GUARDIAN

I hereby give permission for my child (named above) to receive the above medication at school and give permission for a school official to call prescribing health care provider and/or pharmacy. I assume full responsibility and will inform school staff of any changes for medication or health status. I hereby release Caldwell County School Board, their agents, and employees from any and all liability that may result from this medication administration. I agree to furnish medication in original, properly labeled pharmacy or store container.

Parent/Guardian Signature: _____ Date: _____

Contact Numbers: Cell: _____ Work: _____ Home: _____

SCHOOL USE ONLY: (To be completed by School Personnel)

Medication Received/Returned/Disposed

Received	Date	Amount	Parent/Guardian Signature	School Official Signature
Returned	Date	Amount	Parent/Guardian Signature	School Official Signature
Disposed	Date	Amount	School Official Signature	Witness Signature



Medication Administration Record 2021-2022

Caldwell County Schools

TRADITIONAL Calendar

Student's Name: _____ Grade: _____ Teacher: _____
 Medication: _____ Dosage: _____ Route: _____ Time: _____

Instructions: Document in every block with time/code and Initials. Note: May administer within 60-minutes before or after ordered time.
 Codes: **A**=Absent **D**=Discontinued* **E**=Early Dismissal **L**=Late Arrival **N**=No med **NS**=No Show **O**=Omitted* **R**=Refused* **S**=Suspended **X**=No school * Explain

"No Students" days are gray on this calendar.

AUGUST 2020				
Mon	Tues	Wed	Thurs	Fri
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

SEPTEMBER				
Mon	Tues	Wed	Thurs	Fri
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

OCTOBER				
Mon	Tues	Wed	Thurs	Fri
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
15	26	27	28	29

NOVEMBER				
Mon	Tues	Wed	Thurs	Fri
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

DECEMBER				
Mon	Tues	Wed	Thurs	Fri
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

JANUARY 2021				
Mon	Tues	Wed	Thurs	Fri
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

FEBRUARY				
Mon	Tues	Wed	Thurs	Fri
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	2	23	24	25
28				

MARCH				
Mon	Tues	Wed	Thurs	Fri
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

APRIL				
Mon	Tues	Wed	Thurs	Fri
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

MAY				
Mon	Tues	Wed	Thurs	Fri
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

JUNE				
Mon	Tues	Wed	Thurs	Fri
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

MEDICATION RECORD				
Amount Received (Date and Amount)				

Initials _____ Signature _____ Initials _____ Signature _____	Initials _____ Signature _____ Initials _____ Signature _____
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Group Name: Hudson MS 8th Grade
 Address: 291 Pine Mountain Rd, Hudson, NC 28638
 Group Leader: Katie Elliott
 Contact Info: kelliott@caldwellschools.com
 Destination: Washington DC



TREX PROPOSAL

√ Denotes included meals.

DAY 1: Tuesday, March 7, 2023	
7:00 AM	Depart from the school on a deluxe motorcoach
11:30 AM	Lunch on your own en route
12:30 PM	Depart
3:30 PM	National Museum of the U.S. Army
5:00 PM	Depart
5:30 PM	Dinner at Potomac Mills (\$10 meal budget) √
6:30 PM	Depart
7:00 PM	Self-guided Walking Tour of Old Town Alexandria
8:30 PM	Depart
9:00 PM	Check into the hotel [Hampton Inn & Suites Alexandria Old Town Area South]

DAY 2: Wednesday, March 8, 2023	
7:00 AM	Breakfast at the hotel √
8:00 AM	Depart
9:00 AM	U.S. Capitol Visitor's Center (upon availability)
11:15 AM	Depart
11:30 AM	Pizza lunch at the National Portrait Gallery √
12:30 PM	Depart
1:00 PM	National Museum of African American History & Culture
TBA	Museums of the Smithsonian of your choice and/or National Archives
5:00 PM	White House photo-op
5:30 PM	Dinner in small groups in the area (\$15 meal budget) √
6:30 PM	Monuments and Memorials at Night
9:30 PM	Return to the hotel

DAY 3: Thursday, March 9, 2023	
7:15 AM	Breakfast at the hotel √
8:15 AM	Depart
9:00 AM	Smithsonian National Zoo
11:00 AM	Depart
11:30 AM	Boxed lunch in the area √
1:00 PM	Depart
1:30 PM	U.S. Holocaust Memorial Museum (upon availability)
3:15 PM	Depart
4:00 PM	National Air & Space Udvar-Hazy Center
5:30 PM	Depart
6:00 PM	Dinner and bowling at Uptown Alley in Manassas √
8:30 PM	Return to the hotel

Group Name: Hudson MS 8th Grade
 Address: 291 Pine Mountain Rd, Hudson, NC 28638
 Group Leader: Katie Elliott
 Contact Info: kelliott@caldwellschools.com
 Destination: Washington DC



TREX PROPOSAL

DAY 4: Friday, March 10, 2023	
7:15 AM	Breakfast at the hotel ✓
8:15 AM	Depart
9:00 AM	Arlington Cemetery: Changing of the Guard @ the Tomb of the Unknown Soldier
11:00 AM	Depart
11:15 AM	U.S. Marine Corps War Memorial
11:30 AM	Depart
12:00 PM	Lunch at Pentagon City Mall (\$10 meal budget) ✓
1:00 PM	Depart
6:30 PM	Dinner en route (\$10 meal budget) ✓
7:30 PM	Depart
9:30 PM	Arrive at the school

Note: this itinerary is preliminary and subject to change based on actual bookings.

History:

The Student Activity Financial Assistance Fund began with a donation from the Whitener Foundation to the Education Foundation Inc. of Caldwell County honoring Helen Hall for her care and concern for children. Dr. Hall requested the donation be used to help students participate in educational experiences which are unattainable without such a fund. Since its inception, the Student Activity Financial Assistance Fund has been strengthened by funding from the Education Foundation.

What is the Student Activity Assistance Fund?

The fund is used to assist individual students during the school year who **cannot** participate in class-wide curriculum related or academic activities without financial assistance. After school athletic activities or medical needs are not awarded under this fund. Students requiring financial assistance may request up to \$50.00 per year. If a student is participating or performing in a national competition additional funds may be available up to \$100.00.

Who is eligible?

Students K-12 enrolled in the Caldwell County School System are eligible to apply. All applicants shall be considered without regard to race, age, color, sex, national origin or disability. Priority will be given to activities that specifically relate to the **grade level** standard course of study.

How to apply?

Students at the elementary and middle school levels must have a teacher or parent fill out the application. **Applications may not be mass produced, i.e. statement of need etc. copied for a group of students participating in the same activity. Each application must be individualized.** The application must be signed by the parent (legal guardian), the sponsoring teacher and the school principal. High school students may apply for themselves and must include the same signatures listed above.

Deadline for requests:

Applications are reviewed every other month by the scholarship committee. **Please plan ahead. Applications must be received before the scheduled activity. Applications received after May 1 will not be considered.**

Selection:

A committee appointed by the Education Foundation selects recipients. Applicants will be notified after the mid-month committee meeting. All decisions are subject to the discretion of the committee.

Due to IRS reporting, funds not spent must be returned to the Education Foundation.



THE EDUCATION FOUNDATION, INC.
of
CALDWELL COUNTY

Student Activity Financial Assistance Fund

Kings Creek

Hibriten

Happy Valley

Horizons

Hudson Middle

Barton

Whitwell

South

CASA

Gratemary

Sawmill

Coltsville

Early College

Valmer

William Lenoir

Dudley S

Granite Falls Middle

Granite Falls Elementa

Davenport A+

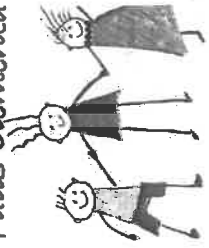
Gamewell Middle

Lower Creek

West

Hudson Elementary

Gamewell Elementary



Due to the large number of requests, the following activities are considered low priority and may not be funded:

- Field trips to recreational parks, such as Carowinds, Tweetsie Railroad Dollywood, Bo's, Disney World, Bush Gardens, Hickory Dickory Dock, NASCAR, Panthers and Crawdads, Cherokee, and snow ski and roller skating parks
- Trips to area malls or shopping centers
- Award trips
- Trips that do not address grade specific Standard Course of Study
- Field trips to movie theaters
- Requests for an entire class
- T-shirts
- Medical needs
- After-school athletics
- Mass produced applications
- Multiple field trip requests through the year on one application
- Applications received after a field trip has occurred
- Grammar school ski trips will not be funded

Return to: Education Foundation Inc. of Caldwell County
1914 Hickory Blvd. SW, Lenoir, NC 28645
Questions?

Email: Pat Triplett, Executive Director
ptriplett@caldwellschools.com

Application Form
STUDENT ACTIVITY FINANCIAL ASSISTANCE FUND

The following sections must be complete and all signatures obtain
Incomplete application will not be awarded.

Name of student, parent (legal guardian), or teacher filling out applic

Student's Name _____ Age _____
School: _____
Address _____ Zip Code _____
Phone: _____
Email: _____
Amount Requested (up to \$50.00 per year)

Description and Date of Activity:

Statement of Need: (Why funding is needed?)

Recommendation of Sponsoring Teacher: (Why student should participate?)

Student's Signature: _____ (If student is applicable)
Date: _____

Parent's Signature: _____
Date: _____

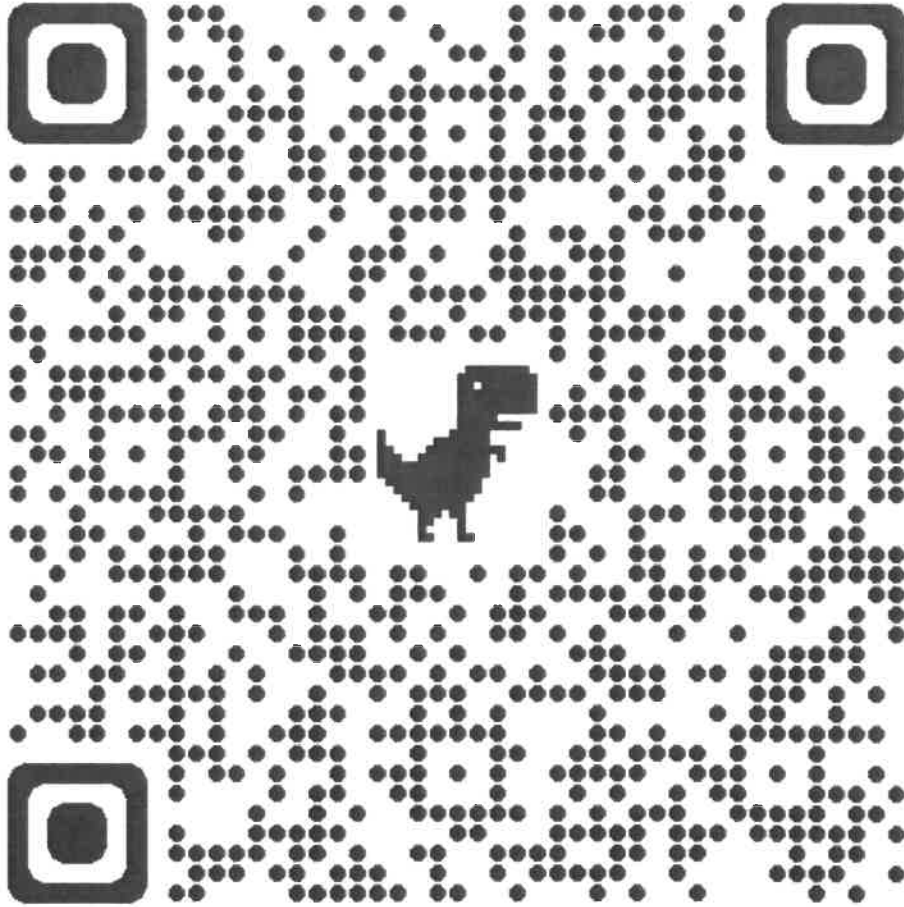
Teacher's Signature: _____
Date: _____

Principal's Signature: _____ Date: _____

**Scholarships received after trip will not be funded.
Scholarships received after May 1 will not be funded.
Incomplete scholarships will not be funded.**

BOOK YOUR TRIP ONLINE

<https://orangeskytravel.com/10696>



Passcode: 215366

Quad Rate \$649

Triple Rate \$719

Double Rate \$819

Single Rate \$1,099