

6th Grade Epcot Field Trip Registration Form

Please complete both front and back of this form. Attach to initial \$100 deposit and turn in to your homeroom teacher by February 1, 2010

Student Name _____
(Print)

Homeroom Teacher _____

Parent Name _____
(Print)

Contact Number _____

Check Number _____

Check Amount _____

Cash Amount _____

February 1, 2010

\$100 Initial Non-refundable Deposit, Registration Form and
Emergency Information

March 1, 2010

\$100 2nd Payment Due

April 1, 2010

\$100 Final Payment Due

I agree to the above payment schedule and understand that all payments are due by 4:00 P.M. the last day of each payment period. If the above dates present a hardship, please call Ms. Carter, out 6th grade counselor at 770-740-7090, or email at CarterR@fultonschools.org.

I also understand that, for the purpose of ensuring the safest trip for all children, any student who receives an ISS (In School Suspension) or OSS (Out of School Suspension), will become ineligible for the trip to Epcot. All students going on the trip must be in good academic standing. I recognize that the administration reserves the right to make the final decision on the eligibility of any student.

Parent Signature _____ Date _____

Student Signature _____ Date _____

- Roommate selection will take place at the end of March
- More details about what to bring on the trip will be given out in April.
- Students will hold a tee-shirt design competition for the EPCOT and Around the World Activity. Winning design will be used for the field trip shirt. All students attending the trip must purchase an EPCOT tee shirt in March.
- **MEDICAL FORMS:** All students taking ANY non-prescription or prescription medicine will have to complete a Fulton County Medical Form. These forms will be distributed April 1st. **If your child takes prescription medicine the form is required to be completed by your child's doctor. All Medical Forms will be due back by April 23rd to your child's HR teacher.**
- All forms, power point presentations, and any EPCOT information may be found on the TRMS website: www.trms.ga.net Please print as needed.

Emergency Information

Emergency Phone Numbers:

Home: _____

Mom Cell: _____

Dad Cell: _____

Alternate Contact: _____

INSURANCE INFORMATION

Insurance Co. Name _____

Policy # _____

Insurance Co. Phone # _____

Please list any allergies and/or special dietary needs: _____

Additional medical concerns: _____

Any additional concerns regarding your child: _____
