# Crossing Carolina 2024 April 2<sup>nd</sup> – 4<sup>th</sup>

# Eligibility

Students must meet all behavior and academic guidelines in order to be invited to join us on Crossing Carolina.

\*Behavior Guidelines (effective 12/4/23 - 3/22/24)

- No ISS or OSS
- No more than 7 total punches
- No bus suspensions

#### Academic Guidelines

• Students must earn a 70 or higher in all classes on the second report card (January 30) <u>AND</u> on the 2<sup>nd</sup> interim report of the 3<sup>rd</sup> grading period (March 6), and/or meet individual academic goals.

Crossing Carolina is our longest field trip in terms of time and distance and student behavior must be exemplary. School administration has determined that students who have served 5 or more days in Out-of-School suspension and/or the School Treatment Program during the current school year are not eligible for this trip. School administrators reserve the right to restrict participation due to significant disciplinary profiles (grades 6-8) and/or involvement with the juvenile criminal justice system.

## Destinations

- NC Legislative Building, NC Museum of History, Marbles IMAX Theatre Raleigh
- Star Lanes Asheville <u>amf.com/location/amf-star-lanes-asheville</u>
- Chimney Rock <a href="https://www.chimneyrockpark.com/">https://www.chimneyrockpark.com/</a>
- Biltmore Estate http://biltmore.com/
- Asheville Tourists Baseball <a href="https://www.milb.com/asheville">https://www.milb.com/asheville</a>
- Grandfather Mountain <a href="https://grandfather.com/">https://grandfather.com/</a>

### Transportation

We will travel by charter bus. Students will be allowed to choose their own seats and must remain in those seats. Boys and girls will be separated on the bus and chaperones will be seated throughout the bus.

### Food

All meals will be provided. Breakfast will be served at the hotel each morning. Lunch and dinner will be provided at various locations. We will ask students to choose from a list of lunch options at a later date. Dinner on the first night will be pizza and chicken tenders at the bowling alley. The second night's dinner will be a cookout (burgers, hot dogs, & BBQ chicken) at the baseball stadium.

\*\*\*There will be opportunities to purchase snacks, so students may want to bring some extra money.

# <u>Lodging</u> – Country Inn & Suites (Asheville)

Four students per room – students choose their own roommates. Adults will NOT be in the rooms with students, unless a chaperone requests to share a room with his/her child. (There will be an additional charge for rooms with fewer than 4 people.)

# Cost & Payments

The ESTIMATED cost for the trip is \$325 per student. Total cost will be determined once we know the total number of participants. All money and forms should be turned in to the student's homeroom teacher, no later than 3:00 pm on the specified dates. If your child's seat is not reserved (completed forms and \$150 payment) by January 31<sup>st</sup>, he/she will not be eligible to attend this trip. We cannot make exceptions due to guidelines placed on us by the companies we will be working with.

- 1st payment \$150 due January 31<sup>st</sup> by 3:00 pm
  - The first payment must be accompanied by a signed medical release form and a signed student-parent agreement, including the initialed student expectations portion. Money will NOT be accepted without the required signed forms.
- 2<sup>nd</sup> payment \$100 due February 29<sup>th</sup> by 3:00 pm
- 3<sup>rd</sup> payment \$75 due March 15<sup>th</sup> by 3:00 pm
- If actual cost exceeds \$325, additional balance will be due on March 15<sup>th</sup>.
- All students must be PAID IN FULL by 3:00 pm on Friday, March 15<sup>th</sup>.

You may pay by cash, check or online. Checks should be payable to NBMS. If paying online, you MUST print or email a copy of each receipt to your child's homeroom teacher by the due date/time specified above. Forms will not be accepted without a copy of a receipt. \*\*\*Please make every effort to turn in payments on time or early. If you MUST make a late payment, please notify your child's homeroom teacher <u>BEFORE</u> the due date.\*\*\*

# Refunds

If it is necessary for you to request a refund at any time, for any reason, we will only be able to refund the amount we can get back. \*\*\*A full refund is NOT guaranteed.\*\*\* All requests should be submitted in writing to the student's homeroom teacher. Please state the reason for the request. No refunds – partial or full - will be given after March 1st. Refund requests will be processed after the trip and may take several weeks.

## **Behavior Expectations**

Although this educational trip is fun, it is still a school event. Students are expected to conduct themselves accordingly. Safety is our number one priority. Therefore, it is essential that all students understand and follow the student expectations as listed on the student-parent agreement form. Behavior issues will be addressed individually. Consequences are the same off campus as they are at school (punch, ISS, OSS). In addition, the student may suffer loss of privileges while on the trip or be sent home. If a student engages in any illegal, destructive, or dangerous activity, his/her parents will be called to pick him/her up immediately.

# HELP!

- If you or someone you know is interested in helping to cover the cost of a deserving student or lowering the cost for all students, please contact Mrs. Williams by e-mail (sherri.williams@onslow.k12.nc.us).
- If you are interested in serving as a chaperone, please indicate it in the appropriate space on the permission slip. Do **NOT** send chaperone money now.
  - Selected chaperones will be contacted by February 12<sup>th</sup>.
  - Chaperones MUST be <u>fingerprinted and approved</u> by Onslow County Schools no later than February 1st. (Please note that OCS volunteer approval is only valid for three consecutive years.)
     For more information about fingerprinting, contact Mrs. Stahlecker as soon as possible.

# QUESTIONS?

If you have any questions, please contact your child's homeroom teacher via email or call the school office to schedule a conference.

# New Bridge Middle School - Crossing Carolina 2024 Student/Parent Agreement

Student:	
any rules, I will receive the appropriate punishm	, have read and completely understand all rules, rolina field trip. I further understand that if I violate nent (to possibly include ISS and/or OSS when we beated infraction, my parents will be notified and I will
Student Signature/	Date
Parent:	
	, give permission for my child to take part in the es and procedures for the trip with my child. I agree or my child if he or she must be removed from the trip
Parent Signature/	Date
I am interested in serving as a chaperor Please contact me with additional inform Parent Name:	nation. ( <u>Do <b>NOT</b> send money now</u> .)
Phone Number:	
Email:	
	rules on the next page of this agreement.
Please choose the appropriate size. (These ar	e adult sizes.)
small medium large	x-large 2X

Student Name:

# New Bridge Middle School - Crossing Carolina 2024 Student Expectations

Parent Initials	Student Initials
	1. All school rules will be strictly enforced, including appropriate consequences as outlined in the NBMS Student Handbook and the Onslow County Discipline Handbook.
	2. All students are to be in the designated places at the specified times. Students are to make their chaperone aware of their whereabouts at all times. No one should ever go anywhere alone.
	3. At no time shall any student go into or remain in a hotel room that is assigned to or occupied by students of the opposite gender.
	4. Loud talking and disruptive behavior will not be tolerated at any time during the trip (bus, hotel, various stops, etc.).
	5. All students will be respectful to other students, chaperones, and all personnel on the trip (drivers, tour guides, etc.).
	6. There will be no horseplay at any time. Students must keep their hands, feet, etc. to themselves at all times.
	7. Public displays of affection (hugging, kissing, hand holding) are not permitted at any time in any location.
	8. Cell phones should remain on silent at all times and headphones/earbuds must be used. In public places, phones may be used for parent/teacher communication and photographs only. If cell phones are misused or overused, they will be taken away. Inappropriate social media posts/messages/texts/pictures will not be tolerated and will be dealt with accordingly (may include removal from the trip).
	9. Any student who leaves the group, misses a curfew, uses profanity, is caught with alcohol, drugs, or tobacco, or who misbehaves persistently will be removed from the trip immediately. The student's parents will be contacted and immediate transportation arrangements will be made.
	10. Students have a responsibility to inform a teacher or chaperone if any medical or otherwise unacceptable situation arises while on the trip. If something doesn't seem right – tell an adult.
	11. Students may not have any medication in their possession at any time, unless it is an emergency inhaler or EpiPen <b>with prior approval</b> . All medication, including prescription and over the counter, must be turned in to a teacher and be accompanied by a medical form signed by a doctor.

Please keep in mind that each of these expectations has been established for the safety of your child and to preserve the integrity of this school event.

# New Bridge Middle School - Crossing Carolina 2024 Medical Release/Emergency Form

Student Name	
Parent/Guardian Name(s)	
Home Address:	
Parent/Guardian Phone Numbers Home:	<u>_</u>
Student Cell Number:	
Emergency Contact (other than parent/guardian)	
Name	
Phone Number(s):	
Please check one.	
My child will NOT need any medication during the Cro	ossing Carolina trip.
My child <u>WILL</u> need medication during the Crossing 0	Carolina trip.
ALL medication must be in the possession of a forms – signed by a doctor – must be on file (Forms are available in the front process).	in the school office by 3/8/24.
Prescription Medication to be taken during the trip:	·
Name:Dosage:	_When:
Name:Dosage:	_vvnen:
OTC Medication to be taken during the trip:  Name:Dosage:  Name:Dosage:	_When:
Allergies?	
In the event of an emergency, I give permission for my child transported to the nearest medical facility, if necessary.	to be given medical treatment and to be
Parent Signature:	
Insurance Company:	_Policy Number: