

**8TH GRADE
END OF YEAR
ACTIVITIES PACKET**

2017

May 19, 2017

Dear Eighth Grade Families,

Plans are in full swing for the **2017 8th Grade Graduation Activities!** In order for these events to be successful - we need your support!

PLEASE READ ENTIRE LETTER CAREFULLY and complete and return pages 4 -7 by June 6th.

8th GRADE PICNIC INFORMATION

The 8th grade class picnic will take place on **Monday, June 19th from 11a.m. - 2:50 p.m. at BLISS PARK** Students will be walking with chaperones. With your permission (form attached), your child may be dismissed from Bliss Park at 2:50 p.m. All other students and those who bike to school, will return to Williams for dismissal. Bikes must remain at school during the picnic.

Lunch will be provided at the picnic. There will be a DJ, organized games, and the students will also have access to the pool at Bliss Park. The pool will ONLY be open for our students. Please have your child bring a bathing suit, towel, and sunblock if they choose. Lifeguards will be on duty.

Reasonable efforts shall be taken to secure the safety of all students. Please be advised there may be times when your child is unsupervised. We expect students to act in a mature and responsible manner. The Longmeadow School Department does not carry any medical insurance.

GRADUATION CEREMONY

The graduation ceremony will take place on **Tuesday, June 20th at 6 p.m. at Longmeadow High School**. Please drop students off at 5:15 p.m. to receive their flowers and take the class photo at 5:30 p.m. Parents do not need to stay at the drop off time. The doors to the auditorium will be locked until 5:45 p.m. There are plenty of seats (including handicapped accessible). Additionally, we will be having an optional raffle for priority seating. See forms in the back of this packet.

Dress Attire for Graduation

Khaki pants, dress shirt or collared polo shirt, casual dress shoes - no sneakers, dress (no strapless) or skirt, shoes or sandals. If you have any additional questions, please refer to our Rules for Dress in the Student Handbook, which can found on our school website.

GRADUATION DINNER PARTY

The graduation dinner party will immediately follow the ceremony. The dinner party will take place at Williams Middle School from **7 p.m. - 9 p.m.** for 8th grade **students only**. There will be a check-in station and students must arrive no later than 7:15 p.m. Dinner and dessert will be provided. There will be a DJ for their entertainment. All students must be picked up by 9 p.m. Please try to carpool and use the carline in lieu of parking.

FOOD ALLERGIES

Please be assured, if your child has any food allergies, efforts will be made to accommodate your child for both of the events listed in this mailing. We will be working closely with the school nurse, Mrs. Gartman.

RAFFLE TICKET INFORMATION

We will be holding a raffle for PRIORITY SEATING at the graduation ceremony. We will raffle multiple sets of seats. Please specify the number of seats you are hoping to “win” - six (6) maximum. Raffle winners will be notified the week prior to the ceremony.

Ticket prices: \$2 for one (1) ticket OR \$5 for three (3) tickets

IMPORTANT

THE REMAINDER OF THIS PACKET INCLUDES FORMS THAT NEED TO BE COMPLETED AND RETURNED NO LATER THAN TUESDAY, JUNE 6th.

Checks can be made payable to **WMS PAC.**

CONTACT: For any special instructions, concerns, or questions please contact us. Thank you!

Beth Paulson - empaulson@comcast.net

Deb Cartelli - debcartelli@comcast.net

Kate Walsh - mkwalsh34@gmail.com

PERMISSION AND FEES

Please read carefully before completing and returning pages 4-7.

8th GRADE PICNIC:

WILL ATTEND

_____ has permission to attend the picnic
at Bliss Park on Monday, June 19th.
Print Student's Name

If attending the picnic, please check **ONE** regarding dismissal:

My child will be dismissed from Bliss Park at the end of the picnic. _____

My child will be returning to WMS for dismissal. _____

WILL NOT ATTEND

_____ will **NOT** be attending the picnic.
Print Student's Name

GRADUATION CEREMONY:

Please check **ONE** only:

_____ My child **WILL ATTEND** the graduation ceremony at LHS on Tues, June 20th at 6 p.m.

_____ My child will **NOT** be participating in the graduation ceremony.

GRADUATION PARTY: (student only event)

Please check **ONE** only:

_____ My child **WILL ATTEND** the graduation party at WMS on Tues, June 20th from 7 - 9 p.m.

_____ My child will **NOT** be attending the graduation party.

_____ **Parent/Guardian Signature**

FEES:

To cover the cost for all the events, we are asking for \$30 per child. A breakdown is listed below. Choose one:

- All events (\$30) _____
- Picnic only (\$15) _____
- Ceremony & Grad Party only (\$15) _____

OPTIONAL - RAFFLE for Priority Seating at Graduation:

- Number of single raffle tickets - COST \$2 each _____
- Number of sets of 3 raffle tickets - COST \$5 for 3 tix _____
- Number of seats you are hoping to win (6 seats max): _____

GRAND TOTAL: \$ _____

Make checks payable to WMS PAC.

VOLUNTEERS NEEDED:

Please read and respond below if you are able to help out in any way.

I am able to help on the day of the picnic (Mon 6/19) from 10 a.m. - 2:50 p.m. (or write in what time you are available). 8-10 volunteers needed with set up, serving and clean up.

Name & contact info _____

I am able to help on graduation day (Tues 6/20): ex. picking up balloons, LHS site set up, or grad party set up at WMS. 10 a.m. - 12 p.m. OR 1 p.m. - 3 p.m. (10 - 12 volunteers needed)

Name & contact info _____

DONATIONS NEEDED FOR PICNIC & GRADUATION PARTY:

If you are able to donate a case of SMALL water bottles to be used at both events, please enter your email below and we will send out a reminder email. We will ask that water bottles are dropped off at Williams after June 12th and labeled 8th grade activities.

Best EMAIL ADDRESS for reminder: _____

Please complete & return pages 4 - 7 with any fees to WMS PAC by Tuesday, June 6th.

Permission Form for Field Trips

Student: _____

LAST NAME

FIRST NAME

School: Williams Middle School Grade: _____ Advisory Teacher: _____

Parent/Guardian Name: _____

Address: _____

Home Phone () _____ - _____ Work Phone () _____ - _____

Cell Phone () _____ - _____ E-Mail Address: _____

Please list the Medical or other issues that should be brought to the attention of the trip supervisor(s) or chaperone(s). (***Please be specific about medications, allergies, chronic conditions, etc.***):

All **prescription medications** must be in a current prescription bottle with student's name and direction on the label. Students should only bring enough medication to last the field trip.

All **over the counter medications** must be in the original container with the student's name and directions on the label. Students should only bring enough medication to last the trip.

I am aware of, and approve, the self-administration of the above referenced medications by my

Child _____ on this trip. If for any reason my child is unable to self-administer the above referenced medications and the situation requires immediate medical attention, I understand that emergency medical services will be contacted.

Signature

Date

*** Continued on the next page ***

Health Insurance Provider: _____

Policy Number: _____ Preferred Local Hospital: _____

PCP (Doctor): _____ PCP Phone Number: () _____ - _____

In case of an emergency, if parents are unavailable these people may act in place of parents:

By signing this form, I hereby give permission for my child to be transported, and to take part in all activities

on the field trip to _____ on _____.

PLACE

DATE

By signing this form, I also give permission to those adults acting as supervisor(s) or chaperone(s) on this trip to transport my child to a medical facility if necessary, and to consent to and secure emergency medical treatment for my child, if necessary, at my expense.

By signing this form, I also give permission to those adults acting as supervisor(s) and chaperone(s) on this trip to take any action, such as contact with an U.S. consulate or embassy (for trips out of the country) or obtaining alternative transportation home, which may be necessary for my child's return from this field trip; I understand that I am responsible for any expense associated with such actions.

By signing this form, I acknowledge and agree that the adults serving as the supervisor(s) and chaperone(s) on this field trip have the right to enforce the handbook's code of conduct on this trip.

Parents/Guardians: If there is any information about your child which you think the chaperones should know, please specify below:

I consent to my child's participation in this field trip. In consideration of his/her being permitted to participate, I, on behalf of myself and my child, release and agree to hold harmless the Longmeadow Public Schools and its employees, as well as those attending the trip as supervisor(s) or chaperone(s), from any and all claims or actions, in any way related to this field trip.

In addition, I, on behalf of myself and my child agree to indemnify the Longmeadow Public Schools and its employees, as well as those attending the trip as the supervisor(s) or chaperone(s), in the event that any claim or action is brought which relates in any way to the field trip.

Signature of Parent:

Date:
