

The Villages® Charter Middle School

Dear Parents/Guardians of 8th Grade Students,

January 8, 2025

VCMS 8th grade students are invited to attend a special field trip designed to celebrate the end of the 8th grade year:

- **Event: Gradventure 2025** at Universal Studios/Islands of Adventure - Orlando, FL
- Date of Activity: **Friday, May 2, 2025**
- Time of Departure: 2:30 p.m. from VCMS Buffalo Ridge and Middleton (Chaperones arrive at 1:15 pm for a meeting)
- Time of Return: Approximately 1:15 a.m. (Saturday, May 3, 2025) at VCMS
 - Buses will pull through the drop off line. Parents will park in the parking lots to allow buses ample room to pass through.

Cost: \$140.00: Includes admission to both parks, bus transportation, and one meal with a refillable beverage souvenir cup. Payment in full is **due on or before February 28, 2025**. The charge has already been placed on your child's Skyward account. Please fill out and return the attached Permission Slip, Consent Form, and payment for chaperone ticket (if requesting to chaperone the trip).

NOTE about Park Passes: Per Universal's procedures, the regular Universal passes **CANNOT** be used as this is a private event.

Additional Money Needed: Students may bring additional money for snacks, souvenirs, etc. The park accepts cash, credit/debit cards, Google, and Apple Pay.

Dress Code: Universal requires a strict dress code for this event. Students must wear their class t-shirt, if purchased. If a class t-shirt was not purchased, students attending the trip **MUST** wear a green or yellow school polo shirt. Bottoms can be jeans or school-approved bottoms. More specific details about Universal's dress code will be communicated as the trip date approaches. Chaperones can purchase a class t-shirt if available or wear modest casual clothing. Small bags and cell phones are allowed.

Chaperones: A limited number of chaperones are needed for this trip. If you are interested in attending with your 8th grade student to **serve as a chaperone in charge of a group of 3-6 students**, please indicate your desire to chaperone on the next page of this packet. Chaperone seats will be reserved based on all paperwork being submitted and approved as well as payment being received on time. Necessary paperwork includes: **Volunteer Application with a copy of driver's license and up-to-date fingerprinting are required for the named Chaperone. Chaperones will receive 12 hours of PI time. Chaperones are not permitted to drive themselves or their children to the event. Universal does not allow anyone to arrive in personal vehicles for this private event.**

Academic Standing and Behavior Policy:

- If your child chooses to make poor decisions and receives disciplinary consequences such as multiple suspensions, he/she will not be eligible for this trip and any fees paid will be nonrefundable. Decisions are at the discretion of VCMS administration.
- Students with failing grades in core academic classes or who are in danger of not being promoted to the 9th grade as of **April 21, 2025** are ineligible to attend this event and any fees paid will be nonrefundable.

****Please keep this page for your records****

Principals: Buffalo Ridge - Dr. Peggy Irwin * Middleton - Mrs. Cathy Rowan

Vice Principals: Buffalo Ridge - Mr. Dwayne Molock and Dr. Caridad Unzueta * Middleton - Mr. Allen Kirkland and Mrs. Lauren McCreddie

PHONE: Buffalo Ridge Campus - (352) 259-0044 * **FAX:** (352) 753-1113 * Middleton Campus - (352) 259-6860

CORRESPONDENCE: Buffalo Ridge Campus - 251 Buffalo Trail * The Villages · FL · 32162

Middleton Campus - 2453 Stampeder Trail * Middleton · FL · 34762

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GRADVENTURE RESERVATION SLIP

Return the rest of this packet to school on or before Friday, February 28, 2025

Name of Student: _____

Gradventure: Universal Studios and Islands of Adventure

- **Friday, May 2nd** from 2:30 pm - 1:15 am Saturday morning.
- **\$140.00** ticket price per person (**Checks for chaperones should be made payable to VCS**)

- ☐ My child **will attend** this field trip and included is the signed permission slip/consent form. (Complete the rest of the information below and the consent form on the next page.)
- **The charge of \$140 has been added to your student's Skyward Fee Management account.** To pay online you can log in to your Skyward family access and click on "Fee Management" from the menu (you must use the web version of Skyward, not the mobile app). This will show you any outstanding fees, and when you click on "Make a Payment" it will redirect you to RevTrak (the webstore that handles the credit card transactions). If it is your first time using Fee Management, you will need to create a username/password for RevTrak before you can make the payment.

- ☐ I (or my spouse/child's guardian) would like to chaperone this event. Chaperone's Name: _____
(This person must submit a Volunteer application, a copy of their driver's license and have up to date fingerprinting in our system. **The chaperone will need to send cash or check payment of \$140 with this form.**) By checking this box, the chaperone agrees to provide oversight to a group of 3-6 students.

Email Address: _____ Phone #: _____

- ☐ My child will not attend this field trip. (Do not fill out any information after your signature below)

Parent Signature

Date

GRADVENTURE PERMISSION SLIP

Please note the following concerns regarding your child's academic performance and behavior:

- If your child chooses to make poor decisions and receives disciplinary consequences such as multiple suspensions, he/she will not be eligible for this trip and any fees paid will be nonrefundable. Decisions are at the discretion of VCMS administration.
- Students with failing grades in core academic classes or who are in danger of not being promoted to the 9th grade as of **April 21, 2025** are ineligible to attend this event and any fees paid will be nonrefundable.

I have read and understand the academic and behavior requirements to retain eligibility for this trip as well as the fact that any trip fees paid are forfeited.

My child, _____ has my permission to attend this event.
Print Student Name

Signature of Parent/Guardian

Printed Name of Parent/Guardian

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OFF-CAMPUS SCHOOL ACTIVITY

CAMPUS PARENT CONSENT/LIABILITY WAIVER/MEDICAL RELEASE

Student: _____ School: **VCMS**
Club/Group/Class: **8th Grade** Supervising Faculty Member(s): **Vice Principals: Buffalo Ridge - Dr. Caridad Unzueta
Middleton - Allen Kirkland**
Activity: **Gradventure** Location: **Universal - Orlando**
Date & Time of Departure: **Friday, MAY 2, 2025 – Departing at 2:30 PM**
Date & Time of Return: **Saturday, MAY 3, 2025 – Arriving back at school at approx. 1:15 AM**
Method of transportation: **VCS BUSES and WORKMAN TRANSPORTATION CHARTER BUSES**

PARENT CONSENT/LIABILITY WAIVER/MEDICAL RELEASE

- I/We hereby give permission for my child to accompany employees, agents and parents of the Villages Charter School, acting as chaperones, to the field trip listed above for the days indicated above. I/We agree to release and hold harmless the Villages Charter School, their agents, employees and parents accompanying the group, from any responsibility for any accident or injury to my child that occurs while on the field trip listed above for the days indicated above.
- I/We understand that under present law, if my/our child is riding in a private passenger automobile that is involved in an accident, he/she will be primarily covered for bodily injury under my/our family automobile policy, and I/we agree to submit any medical bills incurred to my/our insurance company for payment.
- I/We further agree to indemnify and hold harmless, The Villages Charter School of Sumter, Florida, its agents or employees, for any property damages or personal injury caused by my child whether individually or in concert with any other person or entity. Payment for any damages that occur will be solely the responsibility of the involved child and their parents or legal guardians.
- I/We have read all the information in regards to this trip. I am aware of guidelines of said trip and the number of chaperones which will accompany my child."
- I/We hereby grant permission to the attending physician or his consulting physicians, to render to my son/daughter any emergency treatment, medical or surgical care that might be deemed necessary to the health and well-being of said child. Also, when necessary for the administering of such care, I grant permission for hospitalization at an accredited hospital.
- I/We assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of and to my/our child or our property resulting from such participation. I/We attest and affirm that the participant has no limitation that should prevent participation in the activity and I/We have not been advised or informed by anyone to the contrary.
- I/We further agree to inform that the appropriate school official(s) should my/our child's physical condition change in any way and any time so as to affect his/her participation in the activity herein named.

My student has medical insurance:

___ YES ___ NO Insurance Co: _____ Policy #: _____

Home Telephone # Work Telephone # Cell Telephone # Emergency Telephone #

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Parent Signature / Date

Home Address / City / Zip

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