



Dear Students and Parents:

We are extremely excited to present plans for a special learning opportunity being arranged for our students later this school year. On Sunday, May 6, 2018, we will board luxury chartered motorcoaches for an exciting trip full of learning (and some fun)! This travel experience is being designed by Daniel's Educational Tours, a division of Daniel's Charters & Tours, LLC.

During our DC adventure, students will participate in the following curriculum based learning activities:

- A guided tour of DC including the Monuments and Memorials
- Lafayette Park to view the White House
- A guided tour of the U.S. Capitol
- Arlington Cemetery
- Time to visit and explore the Smithsonian Museums, National Archives, etc.
- And lots more!

As you can see, we have got a lot of learning packed into our DC adventure!

The trip includes transportation aboard luxury chartered motorcoaches, hotel rooms (4 per room), all meals (4-breakfast, 5-lunches, 4-dinners), security guards to watch over our rooms each night, local expert guides, tips, entry fees and trip escorts.

To register your child for this experience, please complete the application form and behavior letter included with this letter and send it with your deposit or full payment to Belinda Nichols according to the following payment schedule:

September 1st: \$250*
October 30th: \$250
January 31st: \$225

All checks should be made payable to Jefferson Academy, with a phone number, driver's license number, student name, and teacher name on the check. Deposits for students, adults and background fee can all be paid online from our Jefferson Academy home page (<http://ja.jeffcityschools.org>).

***1st pymt of \$250 due Sept 1st. Payment only accepted if the Daniels Charters form is completed as well. 1st payment for chaperone will only be accepted with a completed notarized and paid background check form and chaperone payment.**

We hope you are as excited as we are about this outstanding educational opportunity for your child. If you have any questions, please email Belinda Nichols, trip coordinator, at bnichols@jeffcityschools.org.

As always, thanks for your support!

Your Jefferson Academy Staff



2018 DC Adventure Application Form

To register your child for our trip, send your **completed application along with the full payment or deposit** to Belinda Robson, trip coordinator, according to the attached payment schedule.

Student Name _____ SSN (optional) _____

Date of Birth _____ Phone _____

Parent Name(s) _____

Business/Emergency Number(s) _____

Address: _____

PLEASE READ AND SIGN IN THE TWO (2) APPROPRIATE PLACES

I give permission for my child to participate in the Jefferson Academy's Georgia Adventure on May 6 - 10, 2018. I understand that once I commit to this activity there are no refunds. I understand that a **deposit of \$250 and completed application** is due no later than September 1st, 2017. I also understand that my child may not be allowed to participate if his/her behavior is such that it could endanger himself/herself or others. In addition, a student's participation in this learning opportunity may end if his/her behavior distracts significantly from the learning environment of others. I also understand that Jefferson Academy and Daniel's Educational Tours, a division of Daniel's Charters & Tours, LLC act as agents in this activity and shall not be liable for any injury, damage, loss, delay, or any other irregularities that occur as the fault of service providers (museums, hotels, restaurants, etc.) on this trip.

Signature of Parent/Guardian _____ Date _____

Medical Information- Please provide all information and sign where required.

Health Insurance Company _____ Policy Number _____

Group Number _____ Provider Phone _____

I agree to pay for any and all treatment not covered by my insurance program should the need arise.

Signature of Parent/Guardian _____

Date _____

My child is a vegetarian/has food allergies and needs special meal, please explain: *(Special arrangements will be made whenever possible to accommodate special dietary needs, if not possible school will be notified prior to the trip. If this section is not completed and there are special needs, parent/school will be expected to accommodate student's needs)* _____

Does your child have special medical or dietary needs? (medication, allergies, dietary restrictions, etc.) Please use the space on back of this sheet if necessary to explain in detail