



# EIGHTH GRADE TRIP to Washington, D.C.

2023/2024

Incoming 8th grade Amherst Junior High School students will have an opportunity to travel to Washington, D.C. **The cost of the trip is \$500.**

The dates for the trip to Washington, D.C. are **October 18 - 20, 2023 ~ Wednesday, Thursday & Friday.**

**This is a Board of Education approved trip. The student code of conduct will be in effect on the trip. Please note that if a student receives a suspension, Saturday School or has disciplinary offenses deemed, by the administration, not conducive to the educational system, or if a student has excessive absences, prior to the departure date, he/she may be ineligible to go and *part or all of the money may be forfeited.***

Please return the permission slip and roommate request form with a **deposit of \$250.00 by May 5, 2023. (\$50.00 is NONREFUNDABLE)** You are welcome to make a larger deposit and payments (to defray the large sum due in August) will be accepted until the due date of August 28, 2023. **Please note that all outstanding school fees owed for previous years MUST be paid prior to the deposit being paid and processed by the office. We are no longer permitted to accept payments over the phone.**

**STUDENTS WILL NEED TO BRING A PACKED/Bagged LUNCH FOR DAY ONE, October 18, of the trip.**

**\*\*Please note that room assignments are not guaranteed and are subject to change at the discretion of the Amherst Junior High School Staff.**

**Please make your *check or money order* payable to the Amherst Board of Education.** The balance of (\$250.) is due by August 28, 2023. Please remember we cannot make exceptions to the above stated deadlines according to the guidelines set forth by the tour company. Thank you for your cooperation.

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**PERMISSION SLIP FOR WASHINGTON, D.C.**

**I give permission for** \_\_\_\_\_ **to attend the**  
Washington, D.C. trip with Amherst Junior High School sponsored by Nowak Tour & Travel. Please complete the following information and return this permission slip with your roommate request form and a deposit of \$250.00.

**(Please print the following information)**

Parents' / Guardians' Names \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Alternate Contact Person \_\_\_\_\_ Daytime Contact Number \_\_\_\_\_

**Doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Dentist** \_\_\_\_\_ **Phone** \_\_\_\_\_

In the event of an emergency I give permission for medical treatment. I understand that reasonable efforts will be made to contact me first. **Circle one: YES NO**

**Allergies** \_\_\_\_\_

**Medical Problems/Medications:** \_\_\_\_\_

\_\_\_\_\_

**Parent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**T-Shirt ~ (Please circle size) Adult sizes: S M L XL**