

Keep this page for your reference

Louisville 8th Grade Washington DC/Gettysburg 2026

November 3,4,5, 2026

We are advertising this trip to our current 7th graders. This allows parents to split the trip payment into 4 segments.

Louisville Fall 8TH Grade Students have the opportunity to tour Washington DC/Gettysburg. The tour will depart Tuesday, November 3rd at approx. 6:30am and return Thursday, November 5th at 6:30pm

Tour Price Per Student: \$535 (40-46 students per motorcoach) Includes Barons Bus Lines motorcoach transportation, 2 nights lodging (students 4 per room) at Hilton Washington Dulles Hotel, 7 meals: 2 Tuesday, 3 Wednesday, 2 Thursday (Including Bowlero and Hard Rock Café Dinners!), All admissions, Traveling Classrooms Tour Manager Per Motorcoach, Private Evening Security at Hotel, all taxes & gratuities...No Extras!

* Chaperones are Louisville School Staff (Mr. Orin is the lead chaperone) * Ratio is 1 per 10-12 students.

Parent Pre-Trip Meeting: April 9th at 6:00 pm in our school cafeteria

*Traveling Classrooms and Louisville Staff will discuss and answer questions concerning this tour. We expect this meeting to last 30-45 minutes. * **Traveling Classrooms is our tour operator.** They have been in the student tour business since 1986. They arrange 50+ middle school trips to DC yearly from Stark and surrounding counties. Nearby middle schools include: Marlinton, Lake, East Canton, Minerva, North Canton, Jackson, Plain Local Oakwood, Perry Edison, Canton South Faircrest, Carrollton, Malvern, Sandy Valley + many more.



Registration/Payment/Refund Policies

All unpaid school fees and/or fines must be paid before registration

* \$ 150 Non-Refundable Payment + Past Due School Fines/Fees + Room Upgrade Due April 15th, 2026

** Parents: Late deposits are only accepted on a "space available basis"

\$ 130 2nd Payment Due May 15th, 2026

\$ 130 3rd Payment Due June 15th, 2026

\$ 125 Balance Due September 15th, 2026



You can pay [online](#) using the QR code or by cash or checks payable to Louisville City Schools

****REFUND POLICIES-PARENTS PLEASE NOTE***: Individual cancellations will result in \$100 deposit loss. Any student receiving **Out of School Suspension** will be canceled from tour participation without a refund. Please be aware, the tour company will follow all refund policies listed. Chaperones have complete control on student cancellations. * **Balance Refund Policy**: Cancellation 28+ days from departure- Full Balance Refund. Cancellation 27-0 days- \$50 refund. **All refund requests must be presented to Louisville MS School Office.** Traveling Classrooms will transfer all payments if the tour is rescheduled due to conditions beyond our control. The school trip coordinators will make the final decision. * Traveling Classrooms will retain \$50 per student if the tour is canceled by the school after April 19th. All other payments will be refunded.

SIGHTSEEING AREAS MAY INCLUDE:

Lincoln Memorial
Capitol Building
Jefferson Memorial
American History Smithsonian
Holocaust Memorial
Nation History Smithsonian

Vietnam Veterans Wall
Korean Memorial
Udvar-Hazy Smithsonian
Arlington Cemetery
Marine Iwo Jima Statue
FDR/MLK Memorials
White House * Outside Only
Arlington Cemetery

Marine Iwo Statue
WWII Memorial
Gettysburg Visitor Center
Gettysburg Film
Gettysburg Battlefield
Gettysburg Cyclorama
Gettysburg Museum

LOUISVILLE 8th GRADE WASHINGTON DC/GETTYSBURG 2026

Itinerary

TUESDAY, NOVEMBER 3:

- 4 x 56 Passenger Baron Bus Lines Motorcoaches Arrive 6am/Depart 6:30 am
- Restroom Stop Oakmont Plaza 8:30am
- Restroom-Lunch Stop at Gateway Plaza, Breezewood Pa. (Cheeseburgers or Chicken Tenders, Chips, Water)
- Udvar-Hazy Air Space Smithsonian 1pm-2pm * See Space Shuttle Discovery!
- Arlington Cemetery 3:00pm
- See Changing of the Guard at Tomb of Unknowns (4pm)
 - * Visit President JFK Gravesite 4:45pm
- Arrive Bowlero! 5pm * Bowling, Arcade and Dinner 5-7pm * Includes shoes and \$10 arcade card
- Check in Hilton Washington Dulles Hotel Herndon, Va. 7:30pm (703-478-2900)
- Private "Student Watchers" Hotel Security On Duty 10pm-6am

WEDNESDAY, NOVEMBER 4:

- Full Hot Buffet Breakfast at Hotel 7am, Depart Hotel 8am
- MLK, FDR. Jefferson Memorial 9-10:30am
- White House 10:45-11:30 am * Outside Only * Honest Abe's Gift Shopping Nearby If requested
- Capitol Building 12 Noon-2:00pm * Tour Times TBA
 - Lunch at Capitol Café before/after tours * Meal Voucher
 - Group Picture via Tour Manager Camera (Prints for all participants from Traveling Classrooms)
- **SMITHSONIAN FLEX TIME** 2:00-5pm * Choice American History, Natural History Smithsonian, National Archives
- Dinner at Hard Rock Café 5:30pm * Silver Menu
- WWII, Lincoln, Vietnam, Korea Memorials 6:45-8:15pm
- Marine Iwo Jima Memorial 8:30-9pm
- Return to Hotel * Approx. 9:30pm
- Room Check & Goodnight 10pm Private "Student Watchers" Hotel Security On Duty 10pm-6am (Per Floor)

THURSDAY, NOVEMBER 5:

- Load luggage beginning at 7:00am, Full Hot Buffet Breakfast At Hotel 7:15 am,
- Depart for Gettysburg 8:00am
- Arrive Gettysburg Visitor Center 9:30am
- Groups will see GB Film (10:00/ 10:15 shows) Cyclorama, Museum
- Gettysburg Battlefield Tour 11:30-1pm * Licensed Gettysburg Guide Per Motorcoach
- Restrooms after tour at visitor center *Pick up Box Lunch * Sandwich, Chips, Fruit, Cookie, water from Aramark Catering
- Depart for Louisville 1:30 pm
- Restroom Stop Somerset (Pa. Turnpike)
- Arrive Back at Louisville Middle School 6:30pm

*Itinerary is tentative, subject to change.

Keep this page for your reference

PACKING CHECKLIST FOR DC/GETTYSBURG

Suggested Items to Bring

- ***One large suitcase with your name clearly marked on it***
- ***One carry on backpack or cinch sack***
- ***Casual Clothes for 3 days and 2 nights; be sure to check the forecast!***
YOU ARE ENCOURAGED TO WEAR LOUISVILLE CLOTHES OR BLUE. IT HELPS TO IDENTIFY YOU ARE A PART OF OUR GROUP
- ***Jacket***
- ***COMFORTABLE shoes (we are walking A LOT)***
- ***Glasses, contacts, solution, sunglasses***
- ***Umbrella (optional)***
- ***Snacks for the Bus/Room***
- ***Water Bottles for the Bus/sites (No pop or dairy products on the bus)***
- ***Spending Money (optional for gift shops or extra food)***
- ***Phone, charging cord, earbuds at your own risk***
- ***Pillow for the bus (optional)***
- ***Cards, magazines or books for the bus and hotel***

Please try to keep valuables at a minimum!

Snacks and water bottles are permitted on the bus. (No glass or dairy products)

IT IS BEST TO PUT YOUR NAME SOMEWHERE ON ALL OF YOUR BELONGINGS IN CASE YOU MISPLACE ANYTHING

WASHINGTON, D.C. PERMISSION SLIP

DUE APRIL 15th

Cost: \$535.00

(add \$135 per person for 3 in a room, add \$205 per person for 2 in a room)

Payment Schedule- Payments can be made online with card, or in person with cash or checks payable to Louisville City Schools

Any past due school fees or fines must be paid prior to registration for the trip.

\$150 non-refundable down payment is due by April 15th + any add on for different number of roommates + past due school fees/fines.

\$130 May 15th

\$130 June 15th

\$125 Sept. 15th

**Payments can be paid online, Checks payable to Louisville Middle School can be mailed or in person at Louisville Middle School-ATTN: Main Office, , 1300 S. Chapel, Louisville, Ohio 44641*

LOUISVILLE CITY SCHOOLS

PARENTAL CONSENT FOR A SCHOOL SPONSORED FIELD TRIP

Student's Name _____ School LMS Grade 8th

Destination Washington, D.C/Gettysburg, PA Date of Trip NOV. 3-5, 2026

Time Leaving School 6:30 AM

Returning Time 6:30 PM

I hereby give my expressed permission for my child to participate in the school field trip described above, to be transported to and from the destination by a chartered bus. I understand to maintain my reservation; all payments must be submitted to the LMS on or before the due date at the Main Office.

Roommate Request(s)

I understand that students will be assigned to 4 in a room. List roommates below.

Room Upgrade requested, I have added _____ to my deposit for _____ people in the room. (all roommates must submit the upgrade fee)

Does the student have any dietary restrictions? No Yes Please List : _____

*** Students will be assigned four to a room unless a room upgrade is requested at registration. ***

Guardian Signature _____

E-Mail _____ Parent Phone Number _____

Student Cell Phone Number _____

Enclosed: Amount _____ Cash _____ Check # _____ Credit Card Online _____

COMPLETE THE OTHER SIDE OF THIS FORM!

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

NAME OF ACTIVITY/EVENT: 8TH GRADE WASHINGTON D.C./GETTYSBURG, PA TRIP

DATE OF ACTIVITY/EVENT: NOVEMBER 3-5.2026

1. In consideration for participation in the Activity/Event listed above and other valuable consideration, I hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE LOUISVILLE CITY SCHOOL DISTRICT**, their officers, servants, agents, and employees (hereinafter referred to as **RELEASEES**) from any from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES**, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.
2. To the best of my knowledge, I can fully participate in this activity. I am fully aware of the risks and hazards connected with the activity, Including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above-named preises and engage in such activity knowing that the activity may be hazardous to me and my property. I **VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me, or any loss of damage to property owned by me, as a result of being engaged in such an activity, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES** or otherwise.
3. I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES** from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, **WHETHER CAUSED BY NEGLIGENCE OF RELEASEES** or otherwise.
4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a **RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE** the above named **RELEASEES**, I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Ohio.
5. I **UNDERSTAND THAT THE LOUISVILLE CITY SCHOOL DISTRICT WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH AN INJURY I MAY SUSTAIN.**
6. I further agree to become familiar with the rules and regulations of the School District concerning student conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of said activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.
7. I also understand that I should and am urged to obtain adequate health and accident insurance to any personal injury to myself which may be sustained during the activity or the transportation to and from said activity.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the forgoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least (18) years of age and fully competent; I am acting in such capacity as parent and /or legal guardian; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Print Student/Participant Name

Signature of Parent or Guardian

Date of Signature (REQUIRED)

Louisville City Schools

Certification of Authorization for Administration of Over-the-Counter Medication

Overnight Field Trip Form

DEMOGRAPHIC INFORMATION

Student's Last Name:	Student's First Name:	Student's Middle Name:
Street Address:	City:	Zip Code:
School:	Grade:	Birth Date:
Emergency Telephone Number(s):		

Does this student have any allergies to foods or medication? Yes No

If so, please list: _____

Over-The-Counter Medication

The Louisville City Schools staff members accompanying students on the trip will have the following medications available. Please review the list and **INITIAL** next to the medication that you consent to be administered to your child.

All dosages will be based on recommended manufacturer packaging instructions.

Parent Initial	Medication	Parent Initial	Medication
	Acetaminophen (ex. Tylenol)		Ibuprofen (ex. Motrin)
	Antibacterial Ointment (ex. Neosporin)		Antacids (ex. Tums, Maalox, Mylanta)
	Cough Drops/Throat Lozenges		Topical Corticosteroids (ex. Hydrocortisone Cream)
	Motion Sickness Medication (ex. Bonine)		Antihistamine (ex. Benadryl)

	<p>If there are other OTC medications that your child might need, please list them below and initial the box (Note: Parent is responsible for providing medication indicated)</p>
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Parent Guardian Authorization

Authorization to administer the above listed over-the-counter medication lasts for the duration of the trip only.

With full knowledge of emergencies, dangers, and risks related to the administration of such medication by Louisville City Schools' district employees, officers, or agents, we the undersigned, hereby waive all claims, which might arise from the said administration of such medication to said minor child and the results thereof. We agree to indemnify and hold harmless Louisville City Schools' employees, officers, or agents, from any and all liability relative to the administration of such medication.

I understand I must submit a revised statement and sign it if any information changes prior to the departure of the trip.

Parent/Guardian Signature _____ Date _____

Contact Phone #1 _____ Contact Phone #2 _____

Louisville City Schools Medication Form

Overnight Field Trip Washington, D.C./Gettysburg

STUDENT'S NAME _____

My child is NOT prescribed any medications.

My child is prescribed medication(s).

Print Student/Participant Name

Signature of Parent or Guardian

Date of Signature (REQUIRED)

IF THERE ARE ANY PRESCRIBED MEDICATIONS COMPLETE THE OTHER SIDE

Please complete the following.

A written statement from a licensed health professional authorized to prescribe drugs accompanied by the written authorization of the parent are required. Only medication in its original container labeled with the date, student's name, and exact dosage will be administered. Forms and prescribed oral medication must be turned into school nurse, Sue Gronow RN, at least a week before the trip. Please only supply the exact amount of medication needed for the exact days of the trip.

Please list prescribed medication bringing:

Medication Name	Dosage	Time Administered

It is required for any student that has prescribed emergency medication (inhaler, epipen, and glucagon) to carry and use, as necessary, throughout the trip. The student must show the prescribed emergency medication to the staff member on the bus prior to departure for the trip to ensure that we have the necessary medication. Staff members have been trained on the medical needs of the child.

Signature of Parent/Guardian

Date(Required)