## Nathaniel H. Wixon School



Timothy Blake, Principal
Michelle Goode, Assistant Principal
Be Safe, Be Responsible, Be Respectful, Be Kind
https://www.dy-regional.k12.ma.us/nathaniel-h-wixon-school

Phone: 508-398-7695 Fax: 508-398-7608 901 Route 134 South Dennis, MA 02660



Dear Fifth Grade Families,

During the months of April and May, we are fortunate enough to send our 17 different Grade 5 classrooms (both in person and remote classrooms) to the <u>NEED Academy</u> (Seashore) for a one day trip. We have conferred with district leadership, our district health professionals and Seashore staff to make this trip possible. The same routines children have followed regarding masks, sanitizer, physical distancing, and traveling on the bus will also be followed on this trip. An additional precaution we will take for the trip is having a Wixon staff member on the bus to ensure students follow safety protocols (mask and distancing). We are sending students to the trip in the same cohorts they have been for in person learning. If your child has a medical condition that you would like to discuss with us, please contact Nurse Heidi at the school or at <u>meadh@dy-regional.k12.ma.us</u>.

On your child's assigned day, students may take the bus to school and they will leave promptly at 8:30 from Wixon. Students will return to school at 4:00. **Students will need to be picked up from school on the day of their trip.** Classroom teachers will send out an electronic message to families to confirm their arrival time back at Wixon when they are on the road back to school. **Please remember, there is not a late bus!** 

Children should pack a lunch or order a lunch-to-go from the cafeteria the day before their trip. For safety reasons, glass bottles should NOT be packed. Students may bring items such as games, books, or sketch pads for the ride but please know these items will need to be left on the bus during our programs. We do not want cell phones or internet accessing devices on the bus for various reasons. The buses should be locked, yet we take no responsibility for items left on the bus. Students do not need spending money since we will not be visiting a gift shop. We will spend almost all of our time outdoors in the woods or beach so children should dress for the weather and wear comfortable walking shoes. Sunscreen should be applied at home.

The cost for this trip will be \$10 per child. Each classroom teacher will contact you regarding the specific day your child is scheduled for the trip and to let you know if your child's bus is a peanut free bus. If families do not want to have their child attend the trip for any reason, your child will be given asynchronous lessons to complete during the school day.

\*\* Please sign and return & submit payment by Friday, March 26th \*\*

**	* Please sign below and on the reverse as well.	The school	l needs this wh	hole sheet of	paper back	with signa	tures on
	each side. If you would like another pape	er copy of th	his permission	slip, we can	provide one	for you. *	*

stst Families must sign the waiver found below/reverse in order for your child to attend the trip stst

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Voc. more abild		h a a .a a		ا ممالة لمصد	منساء امات		NIEED Ass	، ما مامه ، د
Yes, my child		nas perr	mission to atte	ena the i	ieia trip	to the	NEED AC	acemy

\*\* If you are able to donate more than \$10 to help a family in need, thank you for helping Wixon families! \*\*

Yes, my child	has permission to attend the field trip to the NEED Academ
(Seashore) with his or her class. Enclosed is \$10 for the tr	ip. PLEASE MAKE CHECKS PAYABLE TO DYRSD.
Parent/Guardian Name (please print):	Parent/Guardian Signature:
Yes, I would like to order a lunch-to-go for my child	d. I have completed and attached a lunch order form. I have
attached money for lunch if necessary.	

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Parent Consent and Release from L	nability and indemnity Agreement 2020	0-2021
We the undersigned father and mo	ther or guardian(s) of	a minor, do hereby
consent to his/her participation in o	co-curricular, extra-curricular, and athlet	tic programs and do forever RELEASE, acquit,
discharge, and covenant to hold ha	rmless the Dennis-Yarmouth Regional So	chool District and its successors,
departments, officers, employees,	servants, and agents, of and from any a	nd all actions, causes of action, claims,
demands, damages, costs, loss of se	ervices, expenses and compensation on	account of, or in any way growing out of,
directly or indirectly, all known and	unknown personal injuries, including co	ovid-19 related injuries or property damage
which we/I may now or hereafter h	ave as the parent(s) or guardian(s) of sa	aid minor, and also all claims or right of action
for damages which said minor has o	or hereafter may acquire, either before	or after he/she has reached his/her majority
resulting or to result from his/her p	articipation in the Dennis-Yarmouth Reg	gional School District's co-curricular,
extra-curricular and athletic progra	ms; or non-school group youth activities	s on DYRSD property providing there is no
negligence on the part of the Distric	ct.	
FURTHERMORE, we/I hereby agree	to protect the Dennis-Yarmouth Region	nal School District and its successors,
departments, officers, employees,	servants, and agents against any claim fo	or damages, compensation or otherwise on
the part of said minor growing out	of or resulting from injury to said minor	in connection with his/her participation in
the Dennis-Yarmouth Regional Scho	ool District's co-curricular, extra-curricul	ar and voluntary athletic programs, and to
INDEMNIFY, reimburse or make goo	od to the Dennis-Yarmouth Regional Sch	ool District or its successors, departments,
officers departments, officers, emp	loyees, servants, and agents any loss or	damage or costs, including attorney's fees,
the Dennis-Yarmouth Regional Scho	ool District or its representatives may ha	ive to pay if any litigation arises from said
minor's intentional, grossly negliger	nt, or reckless acts or omissions while p	articipating in said programs.
School: <u>Wixon</u>	Sport or Activity: <u>Seashor</u>	<u>e Field Trip</u>
Name of Student (please print):		

Name of Parent (please print):\_\_\_\_\_\_

Parent Signature & Relationship:

Date: