

Dear Parents and Guardians,

The 6th grade Sevier Middle School ELA department is excited to announce that this year we will be offering a school trip to Biltmore Estate and meeting with author Robert Beatty, of Serafina and the Black Cloak. This is a novel that we will be using in our English classes.

This trip is being planned and organized by OrangeSky Travel Inc., an educational travel company that specializes in student travel. Please visit the website, orangeskytravel.com/10820 to see the itinerary and more detailed trip information. You will see registration, deadlines, payment plans, and cancellation policies. The cost per student is \$175.00 and \$225.00 per adult chaperone. If your child will be participating in the field trip, you need to book as soon as possible, as spots will fill up quickly.

PAYMENT:	DUE DATE:	TYPE:	NON-REFUNDABLE:	
\$50	Jan 27, 2023	Per person deposit. Booking Deadline.	\$50	
\$50	Feb 24, 2023	Per person payment. All-In deadline. ***	\$100	
Balance	Mar 31, 2023	Per person final payment.	\$100 + balance due	

If you plan on going with your child, all adult chaperones must be on the Volunteer II approved list. You can speak with Karen Hege (864-355-8225) in the front office to become a level II approved volunteer or to double check your status.

## Tentative Schedule

Arrive at Sevier	7:00- 7:15 AM	
Depart from Sevier	7:30 AM	
Tour Biltmore Estate	10:00 AM	
Chick-fil-A lunch at Antler Hill Village	12:15 PM	
Interview with Author	3:00 PM	
Arrive at Sevier	6:30 PM	

Please note, we will depart Sevier Middle School promptly at 7:30 AM and return to Sevier Middle School at 6:30 PM.

If you have any further questions please contact your child's English teacher.

Thank you, Brooke Childers, Bethany Wallace and your 6th team



## Field Trip Permission Form

My child		_(student), has my perc	nission to go with				
his/her class to Biltmore Estate on Monday, May 8.							
The purpose of this trip is to experience our Literature and History Standar in real life. On the date of this field trip, I can be reached at telephone number							
An emergency contact is	(name	}	(telephone number).				
In the event of a serious illness or injury to my child, I expressly consent to the administration of emergency medical care if such care is deemed to be in the best interest of my child.							
For overnight field trips or field trips that extend beyond school hours, please list any medications that need to be administered to the student during the field trip:							
Name of Medication	Dosage	Time To B	le Given				
1. 2. 3. 4							
I understand that all school policie (Policy JCDA), apply to my child do necessary to be administered will be child's name and will be given direct over-the-counter medication must be shared with other individuals as a and/or legal guardian of the studen that I accept and will be bound by its	uring the course of the field e provided to the school in only to the person in charge e provided in the original so necessary for the completion, that I have read and that	I trip. I agree that any the original container, of medication administaled package. I under n of the field trip. I cell I understand the above	prescription medication , clearly marked with my stration on this trip. Any retand that this form may retify that I am the parent we Permission Form, and				
Printed Name of Parent/Legal Guar	dian						
Signature of Parent/Legal Guardian							
Date							
Rev. 2018							