

AGAWAM JUNIOR  
HIGH SCHOOL

Norman C. Robbins  
Principal

(413) 821-0542



1305 Springfield Street  
Feeding Hills, MA 01030

Michael J. Donovan, Jr.  
Assistant Principal

Fax: (413) 786-4240

January 21, 2019

Dear Parents/Guardians and Students,

We are happy to announce that Agawam Junior High School will be participating in a grade level field trip on **Wednesday, June 12, 2019**. **Due to the hard work and dedication of our students, we would like to offer the seventh grade students the opportunity to attend Sonny's Place, Somers CT.** There are a wide variety of interactive activities, games and entertainment venues available for students to participate in. This is also a day that provides students with an opportunity to share time with their friends and classmates in a safe and organized manner.

The all-inclusive cost covers the transportation fee, a large assortment of food, including snacks, and drinks served during the lunch period (12-1pm), as well as park activities. **The total cost of the field trip is \$40.00.** To make this more economical for families, we are offering the option of paying the balance in full, or you may choose to pay in installments. **The first collection date for the trip will be on Friday, February 8th. On this date you have the option of either paying in full, or making the first installment payment of \$20.00 This ensures you have a spot on the trip.**

**The first payment collection of \$20.00 will be due on Friday, February 8<sup>th</sup>.**  
**Cash/Money Orders/Cashiers Checks ONLY-No Personal Checks.**

Please make all Money Orders/Cashier Checks out to:

**AJHS PTO**

The second collection date will be **Friday, April 26, 2019** for the remaining balance of \$20.00. All trip balances must be paid in full on this date. Families may opt to pay the entire fee during either collection date.

**The seventh grade field trip will be held on Wednesday, June 12, 2019. Students will leave AJHS at 9:30 AM and return to school by 2:20 PM. Students will return to AJHS in time to take their regular bus home.**

All fines, books, and materials owed to the school must be cleared in order to be eligible for this trip. Students who violate school and classroom rules jeopardize their participation in this activity. It is important that your child understand that he/she is representing Agawam Junior High School and the Town of Agawam on this trip. All school rules apply, as well as the rules and regulations of Sonny's Place. Anyone that violates these rules will face ejection from Sonny's Place, and possibly administrative suspension for the remainder or portion of the school year.

Please sign and return the attached permission slip with your child's first payment on **Friday, February 8th**. Should you have any questions or concerns, please contact Mr. Robbins at 821-0542.

**Final payment MUST be received on Friday, April 26<sup>th</sup>—NO EXCEPTIONS.**

Sincerely,

Mr. Norman C. Robbins, Principal-AJHS

SEE OVER...

# Agawam Public Schools



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School Business Administrator  
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## STUDENT FIELD TRIP PERMISSION AND LIABILITY CONSENT FORM

*Date of trip:* 6/12/2019 *Name of trip:* End-of-Year Grade 7 Field Trip

*Location of trip:* Sonny's Place, Somers, CT

*School:* AJHS *Grade:* 7 *Homeroom:* \_\_\_\_\_

*Method of travel:* Bus *Departure time:* 9:30 AM *Return time:* 2:20 PM

I, the undersigned, give permission and consent for my child [print child's name] \_\_\_\_\_ to participate in the above fieldtrip. I also agree to forever release the Agawam Public Schools, the School Committee, and all of their employees, agents, volunteers, as well as any and all individuals and organizations assisting or participating in providing the field trip opportunity ("the Releasees") from any and all claims, rights of actions and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child due to said emergency medical care and/or treatment.

I also promise to indemnify, defend and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child resulting from said emergency medical care and/or treatment.

I further affirm that I have read this field trip permission and liability consent form, and that I understand the contents of this form. By signing this form, I affirm that I have decided to allow my child to receive emergency medical care and/or treatment with full knowledge that the Releasees will not be liable to anyone for personal injuries my child may suffer due to said emergency medical care and/or treatment.

*Parent or Guardian signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Home phone:* \_\_\_\_\_ *Cell:* \_\_\_\_\_

*Return form by:* \_\_\_\_\_ *or your child will not be able to participate with the field trip*