RIVER RIDGE MIDDLE SCHOOL

11646 Town Center Road • Voice: (727) 774-7000, (813) 794-7000, (352) 524-7000 New Port Richey, Florida 34654 • Fax: (727) 774-7290 • http://rrms.pasco.k12.fl.us

Angela Murphy, Principal

Kristin Martanovic, Assistant Principal

Melina Brissey, Assistant Principal

Daniell Grubbs, Assistant Principal

October 2023

Dear Parents of 8th Grade and 7th Accelerated Science Students,

On Friday, December 8, 2023, students in the 8th Grade and 7th Accelerated Science classes have an exciting opportunity to get first-hand experience related to various units on Space by participating in a field trip to NASA Visitor Complex at Kennedy Space Center (KSC), Cape Canaveral!

We will leave school at 6:00 am and return at approximately 8:30 pm. Over the course of the day, students will have the chance to visit numerous exhibits, take tours, and participate in simulations throughout the site. We will spend the entire day (normal operating hours of 9am to 5pm) exploring KSC. Please arrive promptly to pick up your child upon our return.

TICKETS FOR THIS EVENT ARE LIMITED TO 200 STUDENTS and are sold on a first-come, first-served basis. Price for the trip is \$85. This price includes transportation (charter bus), a T-shirt, admission to KSC, and a meal voucher. As a meal is included, students should not pack a lunch, nor will one be ordered from the RRMS cafeteria. The group T-shirt for this event MUST be worn during the trip. If you are late for the 6am bus departure - you will NOT be granted a refund. Students may be denied this privilege if they are not academically on-track for the first semester or if they receive a referral during the 2nd quarter.

PARENTS: If you are interested in attending as a chaperone, you must be a district-approved volunteer. **Parent-chaperones must also pay the \$85 cost**. To add your name to the chaperone pool, please visit the RRMS website and complete the mach form linked to the NASA trip info page. Not all who apply will be asked to serve as chaperones. And while we hope it is not necessary, chaperones must be aware of the possibility of driving their own vehicle to KSC as bus-space is limited.

Student payment and permission forms are due no later than November 10, but remember, tickets are limited, so the sooner the better. Full payment can be made by cash, check (payable to RRMS), or online at GoFan.co (will include an additional service fee). No partial payments will be accepted. If paying by cash or check, turn in permission forms with your payment. If paying online, turn in permission forms AFTER you have paid, not before. ALL permission forms (and cash/check payments) should be given ONLY to Mr. Coller (room 23-238, maroon hall). Chaperones will purchase their tickets after we have finalized the list based on need, and after district-approval status has been verified. DO NOT purchase a chaperone ticket until you have been notified by me that you are indeed part of the trip. There will be no refunds for any reason after the November 10 due date.

Thank you and please let me know if you have any questions.

Ed Coller ecoller@pasco.k12.fl.us



DISTRICT SCHOOL BOARD OF PASCO COUNTY PARENT RELEASE

MIS Form #166 Rev. 01/18

TRANSPORTATION BY:

School Bus/Van	PrivateV	ehicle	_Walking_	Ch	arte	r Bus	X	_PCP	1	_		
Date of Field Trip FRI, DEC 8, 2	023	Sponso	or	Mr	. C	olle	r			_		
In consideration ofStudent Name -	Please Print		Date of E	Birth	hav	ving be	en a	ccepted	by the			
principal, teacher(s) or other personnel of	River	Ridge	Middle)	_Sch	nool of	the I	District	School			
Board of Pasco County to go on a school sp	onsored trip to	K	enned	y Sp	ac	e Ce	ent	er		,		
and I, the undersigned, understand that meaning walking, hereby release the District School Superintendent, the principal, teachers of responsibility because of sickness of the standard accident in which the student is injured the person(s) in charge of said trip to incurred in excess of the amount paid by any accordance accident.	nool Board of or other employe student while going. To ensure proexpense consider	Pasco Counters of the ng to, return attention ered necess	nty, the ind school, and ling from, on in case of ary for treat	dividual I volunte r attendi i sicknes ment, an	mem eer le ng sa s or a	abers eaders aid fiel accider gree to	of sa fron d trip nt, I h	aid Bo n any o or be nereby a	ard, the financial cause of authorizance if this	e al of e s		
Department of Homeland Security, severe necessary steps to ensure the safety of its streshould this trip or event be cancelled as a rewill be refunded by the vendor(s) associated cautioned and advised that the District will not be the vendor(s) and returned to the District. I have documented below all precautions/instructions or allergies regarding my child. I	udents and staff, esult of such an ed with this trans ot be liable for ar structions regardi	including the event, the Dis- eaction. The my reimburse	cancellation strict cannot refore, stud- ments associ s medication	n of schenguarante guarante ents, par ciated wi	duled ee an rents, th this	field try moni guards s even	rips a es (ir lians, t that speci	nd scho ncluding etc., a are no	ool even deposi are here t refund th relate	ts. ts) by ed		
may or may not be present during the trip.				5		. 8	70					
Board Policy 5330).						STUDENT SHIRT SIZE: (circle one)						
				XS	S	M	L	XL	2X	ر 32		
Student name	Student name Student ID						(standard adult sizes)					
Please list any medication(s) your child is cur	rently taking (at ho	ome or schoo	ol): (Dosages	s/Times)								
Allergies:	Additi	onal Health (Concerns:							_		
Name of Parent or G	Suardian Places	Print					Date	6		_		
Name of Parent or Guardian – Please Print					Date							
Signature of Parent or Guardian	Primary P	hone	Alternate Phone			Business Phone						
	Street, Rural Ro	oute, or P.O. E	ox									
City State			State		Zip Code							
Name of Additional Emergency Contact / Relationship to Student							Pho	ne		_		