



PORT JEFFERSON SCHOOL DISTRICT
EARL L. VANDERMEULEN HIGH SCHOOL
350 OLD POST ROAD
PORT JEFFERSON, NY 11777
PHONE (631)791-4400 FAX (631)476-4408



Jessica Schmettan
Superintendent of Schools

John Ruggero
Building Principal

Dear Parent or Guardian:

The Earl L. Vandermeulen High School staff is excited about the Senior Trip to Hersheypark, PA, on June 4-5, 2026. We'll be staying at Fairfield Inn and Suites, 651 West Areba Avenue, Hershey, PA 17033. This permission slip outlines our expectations to ensure a safe and enjoyable experience.

For questions, email senior advisors Gina Fedler at gfedler@portjeffschools.org or Celiana Gandolfo at cgandolf@portjeffschools.org, or call 631-791-4400.

Payment and permission slips should be submitted to the main office. You can make the payment using one of the following options:

1. **Check or money order for \$350** written out to: Earl L. Vandermeulen High School.
2. **School Bucks**: Students and parents may log in to www.myschoolbucks.com and pay via credit or debit card. Using this option will include an additional fee of 3.75% added to the required payment. *If this is chosen, please log in to the website www.myschoolbucks.com and choose the "school store" option. From there, you will be able to make payment for the Senior Class Trip.*

An itinerary will be shared as the trip details are finalized. Currently, we anticipate that students will depart from Earl L. Vandermeulen High School at 10:00 AM on the morning of Thursday, June 4th, 2026, and travel to the hotel. After checking into their rooms and having dinner, students will spend the evening at Hersheypark and return to the hotel when the park closes. On Friday, June 5th, 2026, students will spend the day at the park. They will board the buses around 5:30 PM to head back home, with an expected arrival in Port Jefferson around 10:30 PM.

Please understand that the trip has been prepaid as determined by the number of students participating. Therefore, we regret that we will be unable to refund payment if a student is not able to attend or if the student is sent home due to improper behavior (outlined below):

- Students violating the Port Jefferson School District's Code of Conduct may lose trip privileges, and a parent/guardian may need to pick them up. In such cases, the trip cost is forfeited.
- Any student found with alcohol, cigarettes, vapes, or controlled substances will be removed from the trip, require pickup by a parent/guardian, face administrative consequences, and be barred from graduation.
- Serious misconduct or behavior endangering others will result in removal from the trip and the need for a parent/guardian pickup.
- Students are responsible for any property damage incurred.

The Class of 2026 is a responsible, mature group of young adults. To ensure a safe, smooth and enjoyable trip for all involved, we would appreciate your cooperation and assistance in discussing the above-mentioned rules with your child.

Please bring the following: all signed forms along with your payment to the Main Office by Thursday, March 19, 2026.

- Permission Slip (signed piece only)
- Student Medication Form
- Student Health Form and Copy of Insurance Card

Please be advised that we anticipate seeing you at one of these required parent orientation meetings, to be held via Google Meet:

Wednesday, February 4th at 3:00 pm Video call link: Senior Trip Parent Meeting 3:00 PM

Time zone: America/New_York

Google Meet joining info

Video call link: <https://meet.google.com/mtx-zyxi-zjw>

Or dial: (US) +1 385-325-0922 PIN: 994 289 906#

Tuesday, March 3rd at 6:00pm Video call link: Senior Trip Parent Meeting 6:00 PM

Time zone: America/New_York

Google Meet joining info

Video call link: <https://meet.google.com/zvw-yxmf-jvy>

Or dial: (US) +1 260-333-9777 PIN: 460 196 099#

Sincerely yours,
Gina Fedler & Celiana Gandolfo – Senior Class Advisors
John Ruggero - High School Principal



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Senior Trip Permission Slip

**Please return this portion of the permission slip to the
Main Office with your payment no later than Thursday, March 19, 2026.**

_____ has my permission to participate in the Senior Class Trip to Hersheypark on 6/4/2026 and 6/5/2026. I have read and understand the expectations and the consequences that may result if my child violates the Port Jefferson School District Code of Conduct in any way.

Parent/Guardian Signature/Date

Contact telephone number in case of an emergency

I have read and understand the expectations and the consequences that may result if I violate the Port Jefferson District Code of Conduct in any way during the Senior Class Trip to Hersheypark on 6/4/2026 and 6/5/2026.

Student Signature/Date



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****HEALTH HISTORY MEDICAL RELEASE****

PART 1: TO BE COMPLETED BY PARENT/CUSTODIAL GUARDIAN

Participants Last Name First Middle Birth Date

Street Address City State Zip

Parent's Name Cell Phone Home Phone

If not available in an emergency please notify: _____

Yes No

() () My child is currently taking medications: (Birth control pills must be listed)

Med #1 Dosage

Med #2 Dosage

() () My child has Medication Allergies (please list):

() () My child has Food Allergies:

() () My child has other Allergies:

(Include insect stings, hay fever, asthma, etc.)

() () My child is under the care of a physician for the following condition:

() () My child has medical conditions the school/chaperones should be aware of:

Students are permitted to bring over the counter drugs as long as they are in a small, sealed container.

If you do not wish to allow your child to bring his/her own over the counter drugs, please sign here. _____

TO BE SIGNED BY PARENT/GUARDIAN (Must be signed for your child to participate on the field trip)

I hereby give permission to my child's school/chaperones to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays and routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to my child's school/chaperones to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by my child's school/chaperones to secure and administer treatment, including hospitalization, for the person named above.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

PRINTED NAME _____