Senior Disney Trip 2026

Dear Class of 2026 Student, Parents and Guardians:

The Senior Class Advisors & House Administration team have secured an opportunity for your class to have a senior year trip to Florida, and Walt Disney World. This trip is scheduled for Thursday March 5th, 2026 thru Sunday March 8th, 2026. ***This is a change from the originally announced dates. This takes into account students involved in winter or spring sports, and people with spring break plans and is cheaper than going during the easter season.*** Included is the tentative itinerary of what we are planning to offer. We will be leaving via coach buses to New York area airports early in the morning Thursday March 5th, and returning on Sunday March 8th, in the evening.

While we cannot tell you the final price this early for this trip, we have estimated the cost of the trip based on the current prices for hotel, park admission, flights, bus transportation, etc. Based on this, the current estimate to attend this trip would be $ 1,400.00. Please also note that this price, and trip does not include any meals during the trip. Students are on their own for meals at their own expense.

Students will be assigned a chaperone based on their rooms/flights that they will check in with in the morning, and at night. During the day, there will be various visual check in's with chaperones who will be stationed at each of the four parks, and hotel.

We are asking for a deposit to be able to secure airfare, hotels, buses and theme park rates. Also students will need to have a Real ID issued by New York State in order to fly to Florida. This **nonrefundable deposit of $ 500.00 and a completed registration form are required on the day of the sign up will hold your spot for the trip.** The remaining balance will be paid in two payments via an installment schedule.

Your initial deposit reflects your commitment which allows us to secure your place in this memorable event. Subsequent payments must be made on time as we guarantee your participation to the travel agency/paretners. **All payments are nonrefundable** unless the trip is cancelled due to unforeseen circumstances or your spot on the trip can be filled.

Additionally, please be advised that this trip is designed for seniors who are in good standing with the school in their academics, behavior and attendance. The senior class advisors and administrators reserve the right to remove a student from the trip if that student falls out of good standing at any time before the trip. If the advisors and administrators feel the need to remove a student from the trip, your money will be refunded **if and only if they can be replaced from someone on the waiting list.** If a student is removed from the trip after the Travel Agent is paid in full, we **CANNOT** give any refund at all.

The 2026 Senior Class Advisors have put in a great effort in order to be able to offer this amazing opportunity. We are all very excited for the Class of 2026 to be a part of Senior's in Disney World. We look forward to having a memorable experience with all of you and bringing the trip back to Arlington.

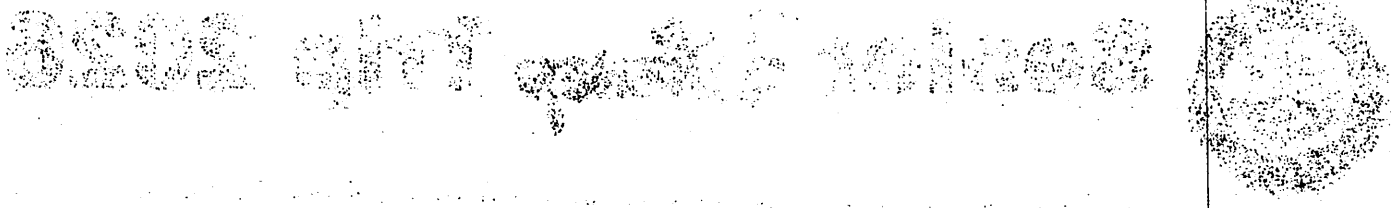
Sincerely,

Senior Class Advisors

Mr. Jeremy Losee
Mrs. Kelley Marshall
Mrs. Sandi Tolworthy

House Administration Team

Ms. Sharon Spencer, House Principal
Mr. Scott Broglia, Assistant Principal



Disney 2026

Tentative Itinerary

December 2024

Packet of information about the trip will be available in the Class of 2026 House Office.

Tuesday February 4th, 2025

Sign ups will be held in the room 1433 afterschool. Deposit of **$500** and completed Registration form due at this time. Cash or Checks can be used for payments. If you are unable to attend this sign up, you can drop it off in your house office until Friday February 7th. REMINDER THAT there is a limit on how many we can take, and will take people first come first serve until we reach our capacity.

Friday May 30th, 2025

Second deposit of $500 is due.

Friday October 10th, 2025

Balance of trip cost is due. This will be communicated out in late May when we have finalized items based on how many sign up to attend the trip.

Wednesday March 4th, 2026

Luggage Check, all checked luggage will be searched. Please remember that if you do not bring your suitcase to be searched this day, you will only be allowed a carry-on for the trip. Carry-on bags will be checked the morning of Friday March 27th

Thursday March 5th, 2026

All Groups will Meet at AHS in the early morning hours, most likely 3:00 AM.

Students will be divided up into up to three groups, and will be on different flights / airports for the trip to Orlando.

Coach Bus Transfer to the New York City airports.

All groups will be transported from Orlando International Airport to Walt Disney World hotel & property via a coach bus from Mear's Connect

Students will spend the remainder of the day in Disney's 4 Theme Parks

Friday March 6th, 2026

Students will spend the day in Disney's 4 Theme Parks

Saturday March 7th, 2026

Students will spend the day in 3 of Disney's Theme Parks & have the opportunity to visit Disney Springs this day.

Sunday March 8th, 2026

All groups will be transported to the Airport in Orlando, via Mear's Connect coach buses.

All groups will be transported back to Arlington High School via coach busses once everyone has collected their luggage.

You are responsible for your own transportation home once the coach busses return to Arlington High School.

Disney 2026

Registration Form

Please fill out all information clearly and neatly

Student Name (print)_____
(Be advised that your name on your airline ticket must match the name on your official photo ID exactly (driver's license as an example). This includes any middle names, middle initials, or suffixes such as Jr.).

Address: _____

_____

Email Address: _____
(used for all pre-trip communications, so please make sure it is a valid email address. Please check your email because this is how we will send all information to you.)

Student Cell Phone Number(used for on trip communication)_____

Parent/Guardian Name(s):_____

Home Phone_____ **Work Phone**_____

Cell Phone _____

Emergency and Medical Information

Student Name (Print):_____

Female_____ Male _____ Birthdate:_____ Age:_____

Emergency Contact #1:_____ Relationship to student:_____

Home Phone_____ Cell Phone_____

Emergency Contact #2:_____ Relationship to student:_____

Home Phone_____ Cell Phone_____

Primary Care Provider (Doctor):_____

Primary Care Provider Office Number:_____

Medical Conditions (including allergies)

_____

_____

_____

Terms and Conditions Contract

Please read each of the following, and both parent and student must initial. At the end, please read and sign confirming you have read and understand all the conditions of the trip.

1. I understand that my deposit and subsequent payments are non-refundable unless my spot on the trip can be filled by another AHS senior. Parent Initials:_____ Student Initials:_____

2. I understand that any poor academic and social standing with the school can lead to my removal of the trip, again without a refund unless I am replaced. Parent Initials:_____ Student Initials:_____

3. I understand that if I am late with a scheduled payment, without prior approval from one of the advisors (Losee, Marshall, or Tolworthy), that I will be charged a $25 late fee. Parent Initials:_____ Student Initials:_____

4. I understand that if my check is returned from the bank that I will have to pay a $25 fee and all subsequent payments will have to be made in cash. Parent Initials:_____ Student Initials:_____

5. I understand that the day prior to departure (Wednesday, March 4th,) I must bring my checked suitcase into school to be searched and locked up over night. I also understand that if I do not bring my suitcase that day, I cannot bring a checked bag on the trip, only a carry-on will be allowed. Parent Initials:_____ Student Initials:_____

6. I understand that all school rules apply while on this trip, and any minor infractions will face discipline in Disney and/or back at AHS. Parent Initials:_____ Student Initials:_____

7. I understand that while on the trip, I am not allowed to be in the room of students of the opposite gender. I will make use of common spaces at the hotel if I wish to socialize while at the hotel (i.e. pool, hotel lobby). Parent Initials:_____ Student Initials:_____

8. I understand that any major behavior infraction will call for my premature return home at my own expense. If this situation arises I will call home to explain why I am being sent home and my parents will be asked to book the earliest flight home and make arrangements to be picked up. Parent Initials:_____ Student Initials:_____

9. I understand that Arlington Central School District is NOT responsible for any lost or damaged personal items. Parent Initials:_____ Student Initials:_____

10. I understand that I am a representative of Arlington High School and my behavior on the trip is a reflection of Arlington High School. Parent Initials:_____ Student Initials:_____

I have read and fully understand the terms and conditions of the AHS Class of 2026 Florida Trip. I agree to adhere to these terms and conditions and thus take full responsibility for my actions. Additionally, I am fully aware that if I do not stay in good standing with the school, that I will be removed from the trip.

Student Signature: _____ Date:_____

Parent/Guardian Signature:_____ Date:_____

Disney 2026

Photo ID and insurance Photocopies

Please photocopy the front side of your office ID (driver's license/passport), your AHS Senior ID and your health insurance card and attach them to the spots below.

Official ID Photocopy (i.e. Driver's license)

AHS Senior ID

Health Insurance Card

Disney 2026

Medication Release/Doctor Release Form

Student Name:_____ Date of Birth:_____

Emergency Contact:_____ Relationship:_____

Emergency Contact Number:_____

The following is to be completed by the student's Licensed Health Care Provider:

Prescription Medications: Please list all prescribed medicines with their dosage, frequency of use and route of administration:

1._____ Dose/Frequency/Route:_____

2. _____ Dose/Frequency/Route:_____

3._____ Dose/Frequency/Route:_____

4._____ Dose/Frequency/Route:_____

5._____ Dose/Frequency/Route:_____

6._____ Dose/Frequency/Route:_____

7._____ Dose/Frequency/Route:_____

Over the Counter Medications: Please list all over the counter medications that the student is given permission to use while on this trip. Please include dosage, frequency of use and route of administration. Note that this includes everything from pain medicine (like Tylenol to skin creams like Calamine lotion and sun screen).

1._____ Dose/Frequency/Route:_____

2._____ Dose/Frequency/Route:_____

3._____ Dose/Frequency/Route:_____

4._____ Dose/Frequency/Route:_____

5._____ Dose/Frequency/Route:_____

6._____ Dose/Frequency/Route:_____

7._____ Dose/Frequency/Route:_____

Over

The following is to be completed by the student's Licensed Health Care Provider:

The student mentioned above may carry and self-administer all medications listed above:

Yes No

If No: Please list medications that must be administered with supervision:

Licensed Prescriber:_____

Signature:_____ Date:_____

Address:_____

Telephone:_____ Fax:_____

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Parent Authorization

I request that my child receive the medications released by my child's licensed health care provider. The medication is to be furnished by me in a properly labeled original container from the pharmacy.

Parent/Guardian's Name:_____

Signature:_____ Date:_____

Address:_____

Telephone: Home:_____

Cell:_____

Work:_____

If at any time before the trip, my son/daughter is prescribed a new medication, a copy of this prescription, or a doctor's note, will be given to the class advisors.