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| Ivy Elementary school | | | | | | | | | | | | | | | | | | | |
| Field Trip Permission Form | | | | | | | | | | | | | | | | | | | |
| Your child’s class will be attending a field trip to: | | | | | | | | | | | | Drake Planetarium and Science Center | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Date | Wednesday, November 28, 2012 | | | | | | | | | | | Time | Depart @ 9a.m. , Returning @ 2:30 p.m. | | | | | | |
| Location | | | Drake Planetarium, 2020 Sherwood Avenue, Norwood, Ohio | | | | | | | | | | | | | | | | |
| Cost | | | $15 | | | | | | | | | | | | | | | | |
| Transportation | | | | | School Bus | | | | | | | | | | | | | | |
| Notes | Please have your student pack a “brown bag” lunch with their name on both their lunch and their drink. | | | | | | | | | | | | | | | | | | |
|  | Our class will be able to take up to four chaperones for this trip. You may chaperone ONLY if you have a background check on file with the school. If you would like to chaperone, please indicate so on the permission slip. I will be taking chaperone requests on a first come, first serve basis. The cost of the trip for chaperones is $15. Please do not send in any chaperone money until I have notified you that you will be going with us.  Thank you | | | | | | | | | | | | | | | | | | |
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| Please return this permission slip by: | | | | | | | | | | | Wednesday, November 21, 2012 | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| I give permission for my child | | | | | | | | |  | | | | | | in room | | |  |  |
| to attend the field trip to | | | | | |  | | | | | | | | on |  | | | |  |
| from |  | | | | | | | to | |  | | | | | | | | |  |
| Enclosed is $ | | | |  | | | | to cover the cost of the trip. (Exact cash or check made payable to school.) | | | | | | | | | | | |
| In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact: | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | Phone | |  |  |
| Parent/Guardian Signature | | | | | | |  | | | | | | | | | Date |  | |  |
|  | | | | | | | | | | | | | | | | | | | |