

Form due by Friday May 26, 2017

Ann Arbor Public Schools
Parent Notification and Consent Form For Field Trips

Dear Parent:

Please complete this form and return to me.

I hereby give permission for my child* _____ ^{7th} _____
(Student's full name) (grade)

to go to Rolling Hills Water Park

on the field trip described below.

Students will travel by school bus to Rolling Hills Water Park, located at 7660 Stony Creek Rd. in Ypsilanti.

I understand that my child will leave on Thurs. June 15, 2017, 10:00 a.m.,
(Date) (Time)

and is expected to return on June 15, 2017, 2:00 p.m.
(Date) (Time)

In granting this permission, I assume full responsibility for any damage to person or property caused by my child. I agree that if it is determined that my child needs medical or dental treatment I will be responsible for any such treatment determined necessary by a physician or dentist.

I further agree that if the behavior or health of my child should make it necessary to send him/her home prior to the above return time and date, I will be responsible for those expenses. I understand that no child will be sent home unaccompanied by an adult.

There will be chaperones accompanying the student or groups of students not only during the scheduled activity but whenever they leave the activity site.

Your child will need the following:

Bring a sack lunch or
 Lunch Boots _____
order a lunch from the cafeteria
by May 26.

The cost is \$7 (cash only)
Other due with permission slip by May 26.

Caf
(Principal or authorized staff)

Tappan Middle School
(School)

(Signature of parent or guardian)

(Date of Signature)

(Address)

(Home/cell number)

(City)

(Work number)

*This includes children under guardianship, ward, etc.

If your child will NOT be attending this field trip, you only need to complete this section.

If your child is not attending this field trip, please sign below and indicate if they will be in school or not this day.

My child will NOT be attending the Rolling Hills Water Park field trip on June 15, 2017.

Parent Signature _____

Please check one option:

My child will stay home from school: _____ My child will be attending school: _____

If you are able to **chaperone**, if needed, please fill out this section.

If we need additional chaperones, a teacher will contact you. Chaperones will need to provide their own transportation on this trip and they will be required to fill out a chaperone certification form.

Your Name _____

Student Name _____ Advisory Teacher: _____

E-mail: _____

Phone Number: _____