

Fifth-Grade Field Trip to the Connecticut Science Center

WHERE

- Connecticut Science Center in Hartford

WHEN

- **Tuesday, December 16, 2014**
- We will **leave** from Gainfield **promptly at the start of the school day.**
- We will **return** to Gainfield **before the end of the school day,** in time for regular bus dismissal.

NEED TO BRING

- snack for the morning
- disposable bag lunch with a disposable drink (NO glass)
 - Please label the bag with your child's name.
- For the safety of students with allergies, **PEANUT and TREE-NUT PRODUCTS ARE NOT PERMITTED.**
- no electronics

PERMISSION SLIP & FEE

- The cost of **\$35.00** includes admission, our program, and the bus.
- Please make **checks** (checks only—cash cannot be accepted) **payable to "Gainfield School."**
- Please **return your permission slip and check by Wednesday, November 5.**

If the cost of this field trip represents a financial hardship, please know that there are scholarship funds available; Gainfield wants all students to have the opportunity to participate in this field trip and would like to help out in any way possible. Please return the permission slip along with a note if this is the case. We will work together to assure that all students are able to share in this experience.

Thank you,

The Fifth-Grade Team



POMPERAUG REGIONAL SCHOOL DISTRICT 15
Serving the Communities of Middlebury and Southbury, Connecticut

2014 – 2015 Field Trip Permission Form for Parents/Guardians

School: GES	
Teacher(s): Mrs. Cimelus, Mrs. Horbachuk, Mr. McGee	Grade/Group: 5
Date(s) of Trip: Tue., Dec. 16, 2014	Field Trip (destination): CT Science Center
Purpose of Trip: Reinforcement of science concepts and to see light in action	City and State: Hartford, CT
	Telephone Number: 860.520.2150
Time of Departure: 9:15 A.M.	Time of Return (approx): 3:30 P.M.
Transportation: First Student Bus Co.	Cost to be Paid by Students: \$35.00
Make Checks Payable To: Gainfield School – CHECKS ONLY	

Special Instructions and/or Requirements:

Please bring a snack and bagged lunch with your name on it. **No glass, no peanut-related foods, no electronics.**

MEDICATION(S): If your child is on medication during the school day, and is going to need medication during this field trip, **the parent/guardian must contact the school nurse, one week in advance** of this trip to make arrangements for the administration of the medication.

PARENTS/GUARDIANS: Please complete the following:

1. Name, address, home, work and cell phone numbers of parents/guardians:
If parent/guardian not available, please provide names of emergency contact(s) and telephone number(s):
2. Please list any medical conditions of your child which the chaperone should be aware of: (write none if not applicable)

IMPORTANT NOTE: Region 15 reserves the right to reschedule and/or cancel field trips based on travel safety at the time of the trip. If a trip has to be canceled, any deposits towards the trip may not be refunded.

- In case of emergency, I hereby give permission to the chaperone to select a physician or hospital and secure proper treatment for my child.
- All school rules are enforced during a field trip.
- The school district is relieved of any responsibility for damage or loss to student's personal property.
- Parents/guardians may be held responsible for any damages caused by their child.

Parent/Guardian Signature **Date** **Child's Name (please print)** **Date of Birth**
(Signature indicates that all of the above information is agreed to and correct.)