

Field Trip Permission Form



Dear Parent/Guardian,

be able to participate in this field trip.

Students will be expected to dress according to the Rilke Schule dress code. Students will be expected to follow ASD and Rilke Schule behavior policies. Students not behaving appropriately may not be invited to accompany the class on future field trips.

Cross Country Running Meet at Mirror Lake Middle in Chugiak

Field Trip Title

Field Trip Date: Thursday, 9/22/2016
Chaperone Arrival: 2:05 pm

Departure Time: 2:15 pm
Return Time: Around 6:25 pm

CLASSROOM TEACHER: CHECK THE BOX BELOW IF THE STUDENT'S ACTIVITY FEE IS NOT PAID IN FULL.

If the box is checked: Our records indicate that you have not paid your activity fee of \$125 in full. Please make payment to the office or you may pay online via Zangle Parent Connect, Choose: Online Payments. *Students, whose activity fee is not paid in full, will not participate in the scheduled field trip and will remain at Rilke Schule. If you need to make payment arrangements, please email Herr Barr. barr_christopher@asdk12.org Subject Line: Activity Fee*

District Bus

Transportation will be by:

I, _____, would like to chaperone this trip. This time will be counted toward my volunteer hours. I am aware that chaperone positions are sometimes limited and will be taken on a first-come basis. Please contact me at _____.

If you are chosen to chaperone this field trip, the cost will be \$0.00 and will be paid directly to your student's teacher. Exact change is appreciated or you may write a check payable to Rilke Schule.

If an emergency arises on this trip please contact _____ at this number _____.

By signing this document, I give permission for my child _____ to participate in this field trip and for Rilke Schule staff members to seek medical attention for my child in case of an emergency.

Parent/Guardian (Printed Name)

Signature

___/___/___
Date