

## STUDENT FIELD EXPERIENCE PARENTAL CONSENT FORM (Routine)

**Please Return This Completed Form by: Friday, June 2, 2017**

Name of School: **AD RUNDLE MIDDLE SCHOOL**      Activity Date: **Tuesday, June 6, 2017**

*The Board of Education requires completion of this consent form for students participating in any school field experience outside of the school and activities of a special nature held on school district property. Regularly scheduled events such as basketball games require a one time approval only. Students who do not participate in field trips will be provided with supervised study.*

Purpose: **CORE 71/72 Maker Day: To practice specific principles and problems solving techniques.**

Destination(s): **Neighbourhood Learning Centre at Chilliwack Senior Secondary School**

Departure Time: **Leave ADR by bus at 8:45am**      End Time: **2:52pm** (Bus home will not be provided)

Travel Arrangements: **School Bus:  (1 Way) TRANSPORTATION PROVIDED TO NLC. PARENTS WILL HAVE TO ARRANGE TRANSPORTATION HOME OR GIVE CHILD PERMISSION TO WALK HOME FROM NLC. CHOOSE BELOW:**

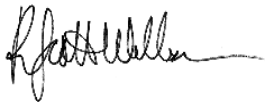
- I GIVE MY CHILD PERMISSION TO WALK HOME FROM THE NEIGHBORHOOD LEARNING CENTRE  
 I WILL PICK UP MY CHILD FROM THE NEIGHBORHOOD LEARNING CENTRE

Cost to student: **No Cost to Student**

Students will need to bring:  Other: **No Materials Necessary – Pizza Lunch to be Provided**

Sponsor Teacher: **Mrs. Candy** Supervision Provided by: **Mrs. Candy, Mr. Hopkins, Mrs. Weatherford & Mrs. MacGuire**

*Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, you are accepting risk of an accident occurring, and agree that this activity, as described above, is suitable for your child.*



Principal Signature

**Please note: ALL forms must be returned to the school. Please indicate below if you DO or DO NOT give your child permission to attend this field trip. Students who do not attend field trips are required to attend classes at ADR. Thank you.**

**PLEASE DO NOT CUT OR TEAR THIS FORM. ALL THE INFORMATION ON THIS FORM IS POSTED AT [adr.sd33.bc.ca](http://adr.sd33.bc.ca)**

I  DO or  DO NOT give \_\_\_\_\_ (full name of student) in CORE \_\_\_\_\_ permission to participate in the field trip to **NLC** on **6-June-2017**. I understand that my child may be exposed to certain risks while participating in this activity and that accidents and injuries may occur.

**Student's Care Card Number:** \_\_\_\_\_

Medical Information (please include any medical or health concerns):  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed name of Parent/Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Home Phone #      Work Phone #      Cell Phone #

\_\_\_\_\_  
 Alternate (Local) Contact Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Home Phone #      Work Phone #      Cell Phone #