



To: 8th Grade Students

Re: Six Flags trip

The 8th grade end of the year field trip will be an outing to Six Flags in Gurnee, IL. The date of the trip will be *Wednesday, May 23, 2018*.

The buses will leave Indian Trail at 8:30 a.m. and return at 7:30 p.m. The students need to arrive at school at the regular time. Please be at Indian Trail at 7:30 p.m. to pick up your child.

We will be going on the trip even if it is raining. Please watch weather forecasts, and dress appropriately.

The cost of the trip is \$50.00, which includes bus and admission. The check should be made payable to "Indian Trail Middle School". If students have a season pass to Six Flags, the cost of the trip is \$15.00. If you have any questions regarding allergies and food, or medication, please contact Ms. Bishop at abishop@psd202.org, or by calling 815-436-6128

Please return the permission form, along with the amount due to the main office by Thursday, April 26th .

Only return this form if your child is going to attend. **This trip is not mandatory, but it is a school day and we will be taking attendance.**

Sincerely,

Indian Trail Middle School

8th grade Teachers

**PLAINFIELD COMMUNITY CONSOLIDATED SCHOOL DISTRICT
#202**

TRIP CONSENT FORM

I hereby give permission and consent for my son/daughter _____
(student name)

To participate in the _____ **Six Flags Field Trip** _____ on _____ **May 23, 2018** _____
(activity) (date)

Sponsored by Plainfield Community Consolidated School District #202 and to be transported by:

School Bus [] Van [] Private Vehicle

CONDUCT: I understand that my student must comply with the provision of the Student Handbook and other rules of conduct established by the School District while participating in the above-mentioned activity. I have discussed this requirement with my student.

EMERGENCY MEDICAL AID: I hereby give permission for the School District to secure whatever emergency treatment that my child needs in connection with the activity. [] Yes [] No

If I am away from home during the time of this activity, I can be reached at:

_____ (address) _____ (phone)

Other health information about my child, of importance to the activity:

Signed: _____ Date: _____
(Parent/Guardian)

Address: _____

Phone: _____

Please return this form to:

Indian Trail Middle School—Main Office with the field trip cost of

€ **\$50**

€ **\$15 with season pass** _____

BY THURSDAY, April 26th.