



EAGLES LANDING MIDDLE SCHOOL



Teacher Name/Grade: 6TH GRADE Destination: MEDIEVAL TIMES, Lawrenceville, GA

Departure Date & Time: MAY 16, 2018 9:00AM Return Date & Time: MAY 16, 2018 3:00 PM

Donation Amount (no student will be denied access to a field trip for monetary reasons; however, if donations do not cover the cost of the trip, the outing may be cancelled): \$45.00 DUE BY APRIL 20, 2018

Payment Option: Cash or Money Order Only. Installments may be spread out over the months of March and April. However, the account must be PAID IN FULL BY APRIL 20, 2018.

**Scholarships for another student to participate are welcome.

NO REFUNDS WILL BE GIVEN AFTER DEPOSITS HAVE BEEN MADE.

Medieval Times is a dinner and tournament theatre. Lunch is included and will consist of the following: Oven-roasted chicken, garlic bread, sweet corn cobette, herb roasted potato, chocolate chip cookie, pure filtered water or Pepsi.* Vegetarian meal available upon request.

Transportation will be provided in the following manner: Charter Buses

To be filled out by parent/guardian and student.

Please complete and return by: April 20, 2018

Student Name: _____

Student Signature: _____

____ My child *has* permission to attend the field trip.

____ My child *does not* have permission to attend the field trip.

____ My child will eat the regular provided meal.

____ My child will eat a vegetarian lunch.

____ My child has medication that should be administered during this trip. (School please attach IHP.)

CRITERIA FOR ATTENDING FIELD TRIP:

1.) No missing Work (All work is due by April 18, 2018)

2.) No Failing Grade Averages

3.) No Office Referral Between March 1 to May 15

4.) Field Trip Dress Code: *School Uniform Must Be Worn*

CONSENT

If any emergency medical procedure/treatments are required by the student during the trip, I consent to the trip's supervisor taking, arranging for, or consenting to the procedures or treatment at his or her discretion. I further release and waive any claim which I or any other person, firm, corporation, or entity may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering or emergency medical procedures/treatment, if any. I further agree to indemnify and hold harmless and reimburse the Henry County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representatives thereof, as well as the trip supervisor from and for any and all claims and losses.

Print Name of Parent(s) or Guardian(s)

Signature(s) of Parent(s) or Guardian(s)

Date

Work: _____ **Cell:** _____

Phone Number

Alternate Phone Numbers for Emergency