

7th and 8th Grade Student Council

October 28th Bowling Permission Slip



I give _____ Permission to attend the October 28th after school bowling party. Buses will leave Maple Hill at 2:50. We will bowl from 3:00-5:00.
\$15 fee covers Bowling, Beverages, and Two Slices of Pizza.
Students will need to be picked up from East Greenbush Bowling Center at 5:00.

Parent Cell Phone Number _____

I will pick up my Child from the East Greenbush Bowling Center at 5:00

Parent Signature

**Permission Slips and payment to Mrs. Sweet
or Mr. Finney by Wednesday 23rd**

SCHODACK CENTRAL SCHOOL DISTRICT MEDICAL TREATMENT RELEASE FORM

(PLEASE PRINT)

(NAME OF STUDENT)

is a student in the Schodack Central School District attending the

East Greenbush Bowling Center

on **Monday, October 28th**.

(DATE)

In the event that I am unreachable during an emergency involving my child, I hereby

give permission to the supervising teacher to act on my behalf and to authorize

whatever medical procedures are deemed necessary to protect the health and

safety of my child, until such time as I may be reached.

(NAME OF PARENT/GUARDIAN)

(SIGNATURE OF PARENT/GUARDIAN)

(DATE)

Phone numbers: Home _____
 Work _____
 Cell _____
 Beeper _____

5/21/99

SCHODACK CENTRAL SCHOOL DISTRICT

FIELD TRIP NOTICE

Date **10/01/19**

Dear Parent/Guardian:

Your child's class has scheduled a field trip activity to

East Greenbush Bowling Center, East Greenbush, NY 12061
(destination)

The group will be leaving at **2:50**p.m. on **Monday, October 28th**

All Students will be picked up by parents from East Greenbush Bowling Center, 570 Columbia Turnpike, East Greenbush, NY at 5:00 p.m.

The trip is a school activity which requires the consent of the parent or guardian. The group is going to be transported by means of school transportation. Your child may not participate in this experience until this signed form is returned.

Please sign and return the form to your child's teacher by
Friday June 7, 2019

(name of student – PLEASE PRINT)

(name of parent/guardian- PLEASE PRINT)

(**SIGNATURE** of parent/guardian)

Sincerely,

Karen Sweet/Ed Finney
ksweet@schodack.k12.ny.us
eFinney@schodack.k12.ny.us

SCHODACK CENTRAL SCHOOL DISTRICT

FIELD TRIP

STUDENT PERSONAL PROFILE

(PLEASE PRINT)

Name – Last	First	Middle Initial
Date of Birth		

Address – Street	
Town	Zip Code
Phone	

Parent/Guardian Name			
Last	First	Middle Initial	
Phone Numbers			
Home	Work	Cell	Pager

Emergency Contact			
Name			
Phone Numbers	Home	Work	Cell

Medical Profile	
Insurance Carrier	Personal Physician
Policy Number	
Medication	
Allergies	
Other Medical Conditions	