



# FIELD TRIP PERMISSION FORM

AP 260 Field Trips

Dear Parents/Guardians, this is to inform you that we are planning the following field trip. Please retain Section 1 for your reference and return Section 2 to the appropriate supervisor.

### SECTION 1: Field Trip Information (to be completed by the Field Trip Supervisor)

Name of field trip:  School:

Today's date:  Trip Supervisor/Staff Liaison (if not a staff member):  Position:

Description of field trip

This form grants permission for rehearsals and performances of Wizard of Oz. Rehearsals take place at Clover Bar Jr High after school and on Saturdays. Rehearsals include blocking, choreography, and singing with teacher and instructor supervision and guidance. Calendars of rehearsal dates and times have been provided on Ms. Laurie's eteacher page, and in Google Classroom. It is the student and parents' responsibility to get the student to and from rehearsals at Clover Bar Jr. High.

Dress Rehearsals and Performances take place at Salisbury High School.

Dress Rehearsals at SAL will take place on January 21 and 22 AFTER SCHOOL - Students will be transported TO Salisbury on the CLB bus, but it is the parents' responsibility to pick up their students AT SAL.

Performances will take place during the day and evening at SAL on January 23-25.

DAYTIME: Students will be transported TO and FROM SAL during the school day - it is the student and parents' responsibility to ARRIVE at Clover Bar in time to depart on the CLB bus to SAL on the MORNINGS of performances. Please see below for specific departure times so that you can arrange to have students at the school for those times.

EVENING PERFORMANCES: It is the student and parents' responsibility to ARRIVE on time at SAL and DEPART from SAL at the end of the evening. THERE WILL BE NO SCHOOL PROVIDED TRANSPORTATION FOR EVENING PERFORMANCES.

Departure Date	Time	Return Date	Time
1/21/19 CLB Bus	3:30 PM	Parents pick up students at SAL 8PM	
1/22/19 CLB Bus	3:30 PM	Parents pick up students at SAL 8PM	
Wednesday, January 23, 2019	8:45 AM	Wednesday, January 23, 2019	3:00 PM
1/23/19 Parents drop off at SAL	5:30 PM	1/23/19 Parents pick up at SAL	8:45 PM
Thursday, January 24, 2019	8:45 AM	Thursday, January 24, 2019	3:00 PM
1/24/19 Parents drop off at SAL	5:30 PM	1/24/19 Parents pick up at SAL	8:45 PM
Friday, January 25, 2019	**7:50 AM**	Friday, January 25, 2019	3:00 PM
1/25/19 Parents drop off at SAL	5:30 PM	1/25/19 Parents pick up at SAL	8:45 PM

+ Add a row  
- Remove a row

Subject/Block:  # of Students:  Grades:

Other supervisors (indicate if supervisor is a teacher, classified staff, parent or other volunteer)

Destination(s), include the address whenever possible

Purpose of the trip (include curriculum/program alignment)

Activities

Risks and safety precautions

**Freedom of Information and Protection of Privacy - Notification of Use**  
The information collected on this form is for the purpose of coordinating field trips in EIPS, including tracking permission and maintaining accurate emergency contact information. This personal information is collected pursuant to the provisions of the School Act and Regulations thereto, and the FOIP Act, section 33(c). If you have any questions about the collection and use of the information, please contact Elk Island Public Schools' FOIP Coordinator, 683 Wye Road, Sherwood Park, AB T8B 1N2 780-417-8204, or your school principal.

**SECTION 2: Parent/Guardian Approval** (Students will be required to follow all applicable school rules for the duration of the trip.)

If this form is not completed and returned to the school, it will be considered that you have **NOT PROVIDED CONSENT** for your child to participate in the field trip as described above.

Field Trip: Drama Production "Wizard of Oz"

Trip Supervisor/Staff Liaison: Kandice Laurie, Khloe Thorne

I \_\_\_\_\_ allow, \_\_\_\_\_ to participate in this field trip.

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

\_\_\_\_\_  
Date

**Emergency Contact Information**

Emergency contact name

Home phone

Work

Emergency

Yes, I am able/available to volunteer on this field trip as described in section 1.

Name

Phone

Email

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