

Jarvis Traditional Elementary School

7670 118th Street
Delta BC V4C 6G8
Telephone: 604-594-3484 Absentee Line: 604-597-1768
Fax: 604-597-2516
Delta District Web Site: <http://www.deltasd.bc.ca> Jarvis Web Site: ja.deltasd.bc.ca



Respect • Integrity • Excellence

May 21, 2019

Dear Parents/Guardians:

The students of Division 12 are planning the following field trip:

Destination and/or itinerary: Delta Watershed Park
Teacher(s) in charge: Ms. Dettling & Ms. Hardy
Date: **Monday, June 3**
Departure Time: 9:00am
Returning Time: 12:00pm
Transportation arrangement: Parent Drivers
Cost: **Free**



Dear Parents,

The cost of this field trip will be free. As with so many of our field trips we will require volunteer drivers/supervisors. We will leave the school at 9:00 am and will return by 12:00 pm. Please dress for the weather as we will be going rain or shine.

Please complete the permission slip below and return it to the school no later than Monday, May 27th.

Sincerely,

Ms. Dettling
Classroom Teacher

PLEASE CUT OFF AND RETURN TO TEACHER BY MONDAY, MAY 27TH

☐ I(We) give permission for my/our child, _____, Div. ____ to participate in the field trip to Burns Bog.

I/We understand that supervision will be provided by the school. Accidents can be the result of the nature of the activity and can occur without any fault on either part of the student, or the school board, or its employees or agents, or the facility where the activity is taking place. By allowing my child to participate in this activity, I am accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for my child.

☐ My son/daughter requires transportation. I give permission for him/her to travel as a passenger in a car driven by an adult (over 19).
☐ I am able to help supervise on **June 3** and can drive ____ (#) of students including my own child.

Volunteer Driver Name: _____ Signature: _____
My valid BC Driver's Licence # is: _____ Expiry Date: _____

Possible medical problems: _____ nil, or _____
Medication and Dosage _____

BOOSTER SEAT CONSENT AND WAIVER FORM

I understand that I am responsible for complying with all child restraint requirements and that booster seats are required for all children over 18 kg (40 lbs) until they are 9 years old unless they have reached the height of 4'9" tall. My vehicle has enough seats that meet the criteria for sale placement of booster seats. Please review Delta School District Administrative Procedure 491 - attached)

☐ My child will bring a portable booster seat that does not require installation into the driver's vehicle.
☐ My child is over 9 years of age OR over 4'9" – **NO** booster seat required

Printed name of Parent/Guardian **Signature of Parent/Guardian** **Date**