

Jarvis Traditional Elementary School

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Respect • Integrity • Excellence

April 16, 2019

Dear Parents/Guardians:

The students of Divisions 11 are planning the following field trip:

Teacher(s) in charge: Ms. McCallum and Ms. Klima
Destination and/or itinerary: Chalmers Elementary School – Seussical Jr. Musical
Date: **Thursday, May 2**
Depart & Return Time: 12:15pm – 3:00pm
Transportation arrangements: walking – please dress for the weather (rain or shine)
Cost: \$2.00

The total cost of this field trip is **\$2.00** per student (*exact cash* or cheque made payable to Jarvis Traditional Elementary School). We realize that some activities scheduled throughout the year may be a financial burden for some families, and as we don't want to see any student deprived of the opportunity to participate, the school would like to offer to help with the cost, if necessary. Please contact Mr. Levenstein, in confidence, if you would like some assistance.

We will need 2 parent volunteers to help with supervision. If you are able to accompany us for the entire field trip, please fill out the section below. We will be doing a draw if we have too many parents volunteer. There is no cost for parent volunteers.

This musical will take the audience on an adventure into the Jungle of Nool where the Cat in the Hat tells the story of Horton an elephant who discovers a speck of dust that contains the whos. The story is about the powers of friendship, loyalty, family and community.

Sincerely,

Ms. McCallum and Ms. Klima
Classroom Teachers

PLEASE CUT OFF AND RETURN TO TEACHER BY TUESDAY, APRIL 24

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

I have filled out the Permission Forms on Parent Connect:

Parent/Guardian Signature

I have enclosed \$2.00

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.

Possible medical problems: _____ nil, or _____

Medication and Dosage _____

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