

# Jarvis Traditional Elementary School

7670 118th Street

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Respect • Integrity • Excellence

April 25, 2019

Dear Parents/Guardians:

The students in Division 10 will be going on the following field trips:

Teacher(s) in charge: Ms. FayazKamal  
Destination and/or itinerary: Sungod Rec. Centre  
7815 – 112<sup>th</sup> St., Delta  
Date: **Monday, May 6**  
**Monday, May 13**  
**Monday, June 10**  
Departure Time: 10:00am  
Returning Time: 3:00pm  
Transportation arrangements: walking – please dress for the weather  
Cost: \$10.00 for 3 sessions



The total cost for both swimming trips together is **\$10.00** 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. Mann, in confidence, if you would like some assistance.

Please pack a lunch in a disposable container and an extra snack. Also, as we will be walking, please dress for the weather. We will be going rain or shine.

Sincerely,

Ms. FayazKamal  
Classroom Teacher

\*\*\*\*\* ✂ ✂ PERMISSION FORM ✂ ✂ \*\*\*\*\*  
**PLEASE CUT OFF AND RETURN TO TEACHER BY MONDAY, APRIL 29, 2019**

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

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.

☐ I have enclosed \$10.00 (**exact cash** or cheque made payable to Jarvis Traditional Elementary School).

Possible medical problems: \_\_\_\_\_ nil, or \_\_\_\_\_

Medication and Dosage \_\_\_\_\_

\_\_\_\_\_  
*Printed name of Parent/Guardian*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*