## **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

## April 25, 2019

Dear Parents/Guardians:

The students in Division 2 will be going on the following field trips:

Teacher(s) in charge: Destination and/or itinerary:

Date: Departure Time: **Returning Time:** Transportation arrangements: Cost:

Ms. Vigario Sungod Rec. Centre 7815 – 112<sup>th</sup> St., Delta Monday, May 6 10:00am 3:00pm walking - please dress for the weather \$3.50



The total cost for both swimming trips together is \$3.50 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. Vigario **Classroom Teacher** 

> PLEASE CUT OFF AND RETURN TO TEACHER BY MONDAY, APRIL 29, 2019

I(We) give permission for my/our child, \_\_\_\_\_\_, Div. \_\_\_\_, 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 \$3.50 (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

