

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

FIELD TRIP NOTICE

October 2, 2019

DIVISION: 18 & 10

DATE: Monday, October 28
DESTINATION: Westham Island Herb Farm – Pumpkin Patch
4690 Kirkland Rd., Delta
TEACHER(S): Ms. LaRose & Mr. Coghlan
DEPART TIME: 11:45am
RETURN TIME: 3:00pm
TRANSPORTATION: Parent Drivers
COST: \$7.00
The District has a hardship policy to ensure that all students can attend field trips. Should this apply to your circumstances, please contact the school.

ITINERY: Please ensure your child has warm clothing, boots, and a waterproof coat with a hood. We will be eating an early lunch at school before the field trip.

As with so many of our field trips, we will require volunteer drivers and supervisors. If you are able to drive and supervise on this field trip, please fill out the permission form below, cut and return the bottom only to your child’s teacher.

Sincerely,

Ms. LaRose & Mr. Coghlan
Classroom Teachers

✂✂ **PLEASE CUT OFF & RETURN TO TEACHER BY: FRIDAY, OCTOBER 11, 2019** ✂✂

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 (we) give permission for my/our child _____ to participate in the field trip.
- ☐ 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 drive & supervise # _____ of students including my own child – **October 28, 2019**

Volunteer driver name: _____ **Signature:** _____
My valid BC Driver’s Licence # is: _____ **Expiry Date:** _____
My cell phone #: _____

Medical problems: ☐ YES ☐ NO

Medication & dosage if any: _____

BOOSTER SEAT CONSENT AND WAIVER FORM

Current legislation states 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 145 cm (4’9” tall). All drivers are responsible for complying with all child restraint requirements.

- ☐ 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