Permission Slip for the Michigan Science Center



Mrs. Keebler's and Ms. Truxall classes will be attending a field trip to:

Location.	5020 John R St, Detroit, MI 48			
Date:	Friday, March 23rd	202		
Time:	9:00 AM - 2:30			
Cost:	Free - This trip is being paid for by the school			
Transportation:	School bus			
Notes:	Please pack a lunch.	Wear red or yo	ur Howe	
	<u>T-shirt</u>			
Please return this	s permission slip by: Thu	ursday, March 8t	ih	
I give permission	for my child		to attend	d the field trip to
	nce Center on Friday, Ma	arch 23rd from	9:00-2:30	You may
want to bring spen	9 ·	=		=
_	ncy, I give permission for	my child to receive	ve medical treat	tment. In case of
such an emergency	y, please contact:			
(name)		, (phone n	 wmber)	
(manne)		(priorie		
(parent/guardian s	signature)	,		
If you are interested in ch	aperoning you must have all your page	aperwork complete with	the office by March 9	∂th.
Lwould	like to chaperone and ride	a the huc		
I would	Tike to enaperone and ride	the bus.		
I would	like to chaperone and driv	ve my own car.		
I canno	ot chaperone this trip.			