

Parents,

On Thursday, April 19th we will be taking our field trip to Young Ameritowne Bank in Denver as a culmination of our Economics unit. In order for students to have the full experience at Ameritowne, we need to leave school promptly at 8:15. Please have your child to school at 7:45 on the morning of the 19th. There will be no supervision of children, and students will not be admitted into the building, until 7:45. Students will need to bring a sack lunch with them. They will have an opportunity to purchase snacks at Ameritowne with their Ameritowne money, but there is not an opportunity to purchase lunch. We will return to school for a normal dismissal time of 3:15.

The cost for this field trip is \$28. We prefer cash. We understand this is a lot of money, so if it is a financial hardship for your family please let your child's teacher know so that arrangements can be made. We do not want any child to miss this experience because of a financial situation.

If you would like to attend this field trip, please make sure you return the bottom of this form by April 3rd. There is limited room for volunteers, so we will be drawing names on the 3rd to decide who will be going with us, and letting you know. Please do not plan to take the day off from work until you hear from us. There will be an orientation meeting for all parent volunteers on Thursday, April 12th at 3:30 in the fifth grade pod for parents who will be going on this field trip. As a parent volunteer, you will be working all day to help students in the shops, and will be required to drive up early. You will not be able to take the bus.

If you do not want to chaperone, we need the attached district permission slip signed by you and your student and returned, along with the \$28, by April 17th.

Sincerely,

5th Grade Teachers

_____ I would like to be considered as a parent chaperone. I understand that my name may be entered into a drawing. I will not take time off work until I am notified by my child's teacher. I am aware that I will need to provide my own transportation to Denver.

Name _____

ACADEMY DISTRICT 20 FIELD TRIP PERMISSION FORM

Teacher Name(s): _____ School: _____

Student Name: _____

Purpose of Activity: _____ Destination: _____

Date of Trip: _____ Mode of Transportation: _____

Departure Time: _____ Departure Location: _____

Return Time: _____ Return Location: _____

Cost of Trip per Student: _____

I understand that the School District is not responsible for insuring my student with regard to the student's participation in the activity. I am responsible for obtaining any medical, accident, or other insurance that I may deem appropriate. I understand, however, that the student and I retain any legal rights we may have for Personal Injury Protection Coverage, to the extent it may be available, resulting from a motor vehicle or bus accident.

I understand that the School District and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during the activity. The School District and its employees have not waived these protections and immunities. I understand that the School District and its employees may also have certain legal obligations with respect to the activity.

I understand that if my child needs medication while on a trip and cannot self-medicate, either I will accompany my child or there will be a staff member trained and delegated by the school nurse who can provide the medication to my child. In addition, I understand that school nurses are available only during normal school hours.

I understand that the student's participation is entirely voluntary and the school will provide alternatives for those students who cannot participate in the activity.

All District policies and procedures apply to the trip regardless of where the activity takes place. Violation of the policies/procedures or failure to follow directives, safety rules, etc. could result in the student being sent home and/or disciplined.

I acknowledge that I have read and understand this Field Trip Permission Form.

Signature of Parent or Legal Guardian _____ Date _____

**EMERGENCY CONTACT INFORMATION WILL BE PULLED FROM INFINITE CAMPUS.
Go to asd20.org/homeinfo to verify and/or update your information.**