

DEAR FAMILIES,

WE ARE EXCITED TO GO ON A FIELD TRIP TO....

PEROT MUSEUM	
THIS TRIP WILL ENRICH OUR S	TUDIES DATE TO TRIP
THE PLANETS & SOLAR SYST	EM
THIS TRIP IS SCHEDULE FOR D	
1/25/2024 from 9am to 1pm	
THE COST OF THE TRIP IS \$	1
PLEASE SEND MONEY & PERM PLEASE HAVE STUDENTS WEA	
BLUE JEAN BOTTOMS, LONGS COATS	SLEEVES, JACKETS, HATS,
ADDRESS & PHONE NUMBER	~1
PEROT MUSEUM , 2201 N F DALLAS TEXAS 75201 PHO	
PLEASE SEND A SACK LUNCH	
* WE WILL HAVE A COPY OF EACH CHILE	DS ICE FORM WHILE ON THE FIELD TRIP. *
I DO GIVE MY CHILD	PERMISSION TO ATTEND.
I DO NOT GIVE MY	_ CHILD PERMISSION TO ATTEND.
MY SIGNATURE	DATE



ICE FORM - IN CASE OF EMERGENCY



CHILDS NAME	66
CHILDS D.O.B.	
EMERGENCY CONTACT	
CONTACTS PHONE #	
CONTACTS WORK #	APVA
CONTACTS EMAIL	

I GIVE KKAPVA PERMISSION TO TRANSPORT MY CHILD TO FIELDTRIPS.

IF MY CHILD HAD A MEDICALLY DIAGNOSED ALLERGY TO FOOD, I MUST MAKE SURE TO COMPLETE AN APP (ALLERGY PREPAREDNESS PLAN – THAT'S SIGNED BY A PHYSICIAN).

I DO GIVE PERMISSION FOR KKAPVA & STAFF TO TRANSPORT MY CHILD TO A HOSPITAL IMMEDIATELY IF THERE WAS AN INCIDENT THAT REQUIRES MEDICAL ATTENTION.

PARENT NAME ______DATE ______DATE ______DATE ______



PERFORMING & VISUAL ARTS FIEDL TRIP DAY CHECK OFF LIST

CHILDS NAME	FIELD TRIP FORM	ICE FORM	MONEY PAID	FOOD ALLERGY PLAN	LUNCH SACK PROVIDED
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PERFORMING & VISUAL ARTS

FIEDL TRIP DAY STUDENT LIST

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