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| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| Your child’s class will be attending an in school field trip: | | | | | The Auditorium for A Reptile’s Alive presentation. | |
|  | | | | | | |
| Date | Monday, November 27, 2017 | | | | Time | **10:00 AM- 12:00PM** |
| Location | | Auditorium in upper building | | | | |
| Cost | | $7.00 | | | | |
| Transportation | | | None | | | |
| Notes | **Grades Preschool, Prekindergarten, Kindergarten, 1st, 2nd, and 3rd grades will watch a presentation on reptiles in the rainforest at 10:00 in the auditorium. Then they will have a meet and greet with the animals where they will get to pet some of the animals, look at animal artifacts, and touch animal habitats, and skins.**  **4th, 5th, 6th, 7th, 8th, and 9th grades will watch a presentation on reptiles in the rainforest at 11:00 in the auditorium. Then they will have a meet and greet with the animals where they will get to pet some of the animals, look at animal artifacts, and touch animal habitats, and skins.** | | | | | |
|  |  | | | | | |
|  | | | | | | |
| Please return this permission slip and $7 by: | | | | **Thursday, November 16th, 2017** | | |
|  | | | | | | |
|  | | | | | | |

**Reptiles Alive Permission Slip**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in grade \_\_\_\_\_\_\_\_\_

to attend the reptile presentation and meet and greet; on \_\_\_\_**Monday, November 27, 2017**\_\_\_\_\_\_\_\_\_\_

from \_\_\_\_\_**10:00 AM**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_**12:00PM**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

In case of emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

I have paid: **\_\_\_\_\_\_\_\_\_\_\_\_** with: **□cash or □check**