



CVCA FIELD TRIP PERMISSION SLIP

Activity: Health Field trip to APS & Akron City Hospital Date of Trip: April 8, 2008
Class/Group Attending: Girl's Health Classes

Teacher in Charge: Mrs. Brenda Speas

Departure Time from CVCA: 8:30 Approximate Return Time at CVCA: 3:10

Means of Travel: CVCA Bus Cost: \$3.00 To be turned in by: November 20, 2007

Food/Lunch: Bring a bag lunch or money to eat at a fast food restaurant (Wendy's or McDonalds)

Other Information: Girls must be "in code" dress

Parent Chaperones needed? YES!!! Please let me know if you can attend.

Please complete and return this form to Brenda Speas no later than April 4, 2008
Please include the \$3.00

We will be going to APS in the morning for a tour and informational meeting and to Akron City Hospital in the afternoon.

_____ Yes, I give my child permission to participate in the field trip to:

_____ No, I do not wish my student to participate.(Student will lose 75 participation points)

_____ I understand he/she needs to be picked up at CVCA at normal school hours

_____ I am enclosing the trip fee of \$ 3.00 _____: Circle one: Cash Check

_____ I am available to chaperone, if needed. (Please come to CVCA by 8:15. meet in the front lobby)

Parent/Guardian's Signature: _____ Date: _____

Student's Name: _____