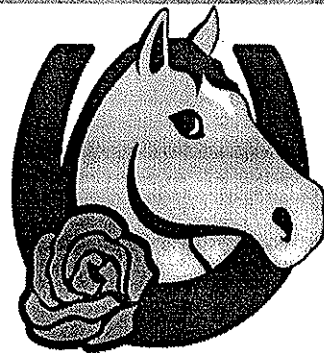


SCMS 6th Grade Field Trip

February 28, 2013



Dear 6th Grade Parents/Guardians:

Spencer County Middle School's 6th grade fieldtrip to the Kentucky Derby Museum has been **scheduled for Thursday, February 28.**

KENTUCKY DERBY
MUSEUM

www.derbymuseum.org

All 6th graders are invited to go except those who have received 4 office referrals since the beginning of the school year, this was mentioned in the field trip form you signed and returned in August.

Because of the amazing fundraising efforts of our sixth grade class the trip is only **\$5** which is due to your student's homeroom teacher by **Thursday, February 14, 2013** along with the permission slip.

The buses will be stopping for lunch at the food court at Jefferson Mall. Your student may bring money to eat in the food court, they may bring a sack lunch, or if you would prefer, they may get a sack lunch from the school. Please indicate on the permission slip the lunch choice for your child and have your student return the permission slip to their homeroom teacher along with the \$5 payment. If you send a check please make it payable to SCMS.

If you are interested in chaperoning or have any questions about the trip please contact your student's homeroom teacher. (Those interested in chaperoning need to be sure that they have an up-to-date background check filed in at the central office).

Thank you,

The SCMS 6th Grade Teachers

School-Related Student Trip Permission Slip, Medical Release Form,
Transportation Waiver Form

Student's Name _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
School <u>SCMS</u>	Grade <u>6</u>	Homeroom/Classroom _____	
<input type="checkbox"/> All school-related trips for the _____ school year; OR			
<input checked="" type="checkbox"/> Field Trip Date(s) <u>Feb. 28</u> Destination <u>Ky. Derby Museum</u>			
Alternate Destination, if applicable _____			
Mode of Transportation <u>Bus</u>		Cost to Student, if applicable \$ <u>5.00</u>	

I hereby give permission for my child to participate in the above-mentioned school-related student trip(s).

In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

<i>Parent/Guardian's Signature</i>	<i>Date</i>
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Please return this form to your child's teacher.

My student _____ will be will not be

attending the 6th grade field trip to the Kentucky Derby Museum.

Lunch option:

_____ My student will have money to buy lunch at the food court.

_____ My student will bring a sack lunch.

_____ My student will need a lunch from the school : lunch # _____