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| Monadnock Regional High School | | | | | | | | | | | | | | | | | | | |
| Field Trip Permission Form | | | | | | | | | | | | | | | | | | | |
| Trip to Keene State College & Keene Cinemas: | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Date | November 4, 2009 | | | | | | | | | | | Time | Bus Departs: 8:40 AM – Returns: 2:15 PM | | | | | | |
| Location | | | Keene State College & Keene Cinema | | | | | | | | | | | | | | | | |
| Cost | | | $11.00 | | | | | | | | | | | | | | | | |
| Transportation | | | | | Students must take the bus arranged for this trip. | | | | | | | | | | | | | | |
| Notes | We will be taking a trip to view the Children’s Literature Gallery at Keene State College as well as attend a showing of the film *Where the Wild Things Are* at Keene Cinemas. This trip is educationally motivated to meet the competencies associated with your child’s English elective.  All MRHS school rules and expectations will apply while on this trip.  Lunch Options: Bring a bag lunch or $6.00 to eat at the Keene State Dining Commons.  Concession stands will also be open at Keene Cinemas for those students who are interested in purchasing snacks for the film. No outside food or drink may be brought into the movie theater. | | | | | | | | | | | | | | | | | | |
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| Please return this permission slip by: | | | | | | | | | | | TUESDAY - OCTOBER 27, 2009 | | | | | | | | |
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| I give permission for my child | | | | | | | | |  | | | | | |  | | |  |  |
| to attend the field trip to | | | | | | KSC & KEENE CINEMAS | | | | | | | | on | NOVEMBER 4th 2009 | | | |  |
| from | 8:40AM | | | | | | | to | | 2:15PM | | | | | | | | |  |
| Enclosed is $ | | | | 11.00 | | | | to cover the cost of the trip. (Exact cash or check made payable to school.) | | | | | | | | | | | |
| In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact: | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | Phone | |  |  |
| **Medical Concerns**:  Parent/Guardian Signature | | | | | | |  | | | | | | | | | Date |  | |  |
|  | | | | | | | | | | | | | | | | | | | |