W. H. Day Elementary School

410 Maplegrove Avenue
Bradford, Ontario L3Z 2v4
(905) 775-9691

Mrs. W. Miller
Principal

Mrs. T. McCann
Vice-Principal

1. **DESTINATION:** Ontario Science Centre
2. **DATE OF TRIP:** **November 23, 2022**
3. **GRADE/GROUP:** **4,5&6** **TEACHER(S) IN CHARGE:** Burbidge, Wilcox, Hughes, Anderson, Horrocks, Lunardo & Wollborn
4. **DEPARTURE TIME FROM SCHOOL:** 8:45 am
5. **ARRIVAL TIME AT SCHOOL:** 2:45 pm
6. **TRANSPORTATION:** (Method) Bus **COST PER STUDENT:** 27.00
7. **ADDITIONAL INFORMATION:** Enchance Science Curriculum

STUDENT AND PARENT/GUARDIAN ACKNOWLEDGEMENT FORM

While trips are supervised by the teaching staff, they involve activities beyond those of normal school programs. It is essential that parents/guardians counsel their children on the necessity for extra care and co-operation.

Please discuss with your student the importance of representing W.H. Day Elementary School in a safe, positive manner, demonstrating respect and following all instructions during the trip.

STUDENT PERMISSION:

My child, _____ has my permission to participate in the trip to:
Student Name

_____ on _____ _____
Ontario Science Centre November 23, 2022

_____ _____
Signature of Parent/Guardian **Date**

VOLUNTEER INFORMATION:

(Volunteer Name) _____ is available to volunteer for this trip and is an approved volunteer.

Please note: There is ☐ a cost ☐ no cost for parents/guardians/volunteers for this trip.

CONSENT FOR A VOLUNTEER DRIVER TO TRANSPORT (IF APPLICABLE):

I grant permission for my child, _____N/A_____ to be transported by a volunteer driver (employee, parent/guardian or other adult) approved by the principal or designate. Volunteer drivers are over the age of 21, have a valid driver's license, have provided a criminal record check and are adequately insured.

_____ _____
Signature of Parent/Guardian **Date**

Simcoe County
District School Board