

## **5<sup>th</sup> Grade Field Trip to Statesville Marquee!**

**When:** Monday November 20<sup>th</sup>

**Where:** Statesville Marquee

**Purpose of Field Trip:** The fifth grade students will be reading the novel *Wonder* in ELA. This is a great story that teaches compassion for others along with other literary components. We will be watching the movie *Wonder* in theatres and then the students will compare the novel to the movie.

**Price:** Ticket- \$8.00 (includes transportation)  
Junior box of popcorn (includes drink)- \$4.25

**Payment and forms due by:** October 16<sup>th</sup>

**\*\*\* We will NOT be having parent chaperones on this trip because of the amount of space in the theatre. \*\*\***

## **5<sup>th</sup> Grade Field Trip to Statesville Marquee**

My child, \_\_\_\_\_ has permission to participate in the field trip to **Statesville Marquee** on **Monday November 20<sup>th</sup>**.

\_\_\_\_\_ I have included the extra \$4.25 for the junior popcorn tray. My child would like

\_\_\_\_ Sprite    \_\_\_\_ Pink Lemonade    \_\_\_\_ Coke

During the activity I may be reached at:

Location: \_\_\_\_\_

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

**\*\*If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:**

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

**Address:** \_\_\_\_\_

**Relation to student:** \_\_\_\_\_

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

In the event of an emergency, I give permission for necessary treatment of my child \_\_\_\_\_ (**full name**) by the physician on duty at a hospital emergency room or by a doctor in a private practice. I understand that all reasonable efforts will be made to contact me as soon as possible by the adult in charge of my child's group or activity.

**Date:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_