



**Learning Expedition Schedule
1st Nine Weeks, 2009-2010**

TO: Normal Park Museum Magnet Parents, Third Grade
General Permission Slip

During the school day, our students travel to visit our seven partner museums. Please sign the general permission slip to cover all of the trips during this nine weeks. A reminder will be sent several days before each trip with any additional information you may need. Your child's trips are listed below. Please sign and return the permission slip portion as soon as possible. Keep the schedule section for future information. Thank you for your cooperation.

***The times are departure from school and return to school.**

August 18 Hunter Carroll only, 9:45-11:00 Gibson only, 10:30-11:45 Smith only, 11:15-12:30 Wohl only, 12:00-1:15 *No parents needed	August 25 Hunter Smith only, 9:45-11:05 Wohl only, 10:35-11:55 Gibson only, 11:25-12:45 Carroll only, 12:15-1:35 *No parents needed	September 1 Hunter Wohl only, 9:45-11:00 Gibson only, 10:30-11:45 Carroll only, 11:15-12:30 Smith only, 12:00-1:15 *No parents needed	
September 8 Lower School Cafeteria MOON PIES! 9:15-10:15	September 16 (WED.) Mayor Littlefield's Office 9:25-11:15	September 22 Hunter Gibson only, 9:45-10:55 Carroll only, 10:25-11:35 Smith only, 11:05-12:15 Wohl only, 11:45-12:55	October 6 CDM Science Theatre @ Northgate What's the Matter? 9:00-11:00

(Cut Here)

I/We, the undersigned, hereby grant permission for _____
to participate in the above activities. (student name)

I/we do hereby agree to release from any and all liability and otherwise hold harmless all school personnel acting in their supervisory capacity for personal injury, property or other type of loss which occurred as a result of this activity.

I further authorize the above-mentioned chaperone(s) to seek and arrange for emergency medical care, hospitalization or surgery that may become necessary in my absence and I/we will assume financial responsibility for same.

The school sponsors, schools, and Hamilton county officials will make every reasonable effort to properly supervise, control, and render safe all activities in the planned program above.

Student Signature

Parent(s) Signature

Emergency Phone

We need your help as a chaperone.

Please check dates that you can assist. If you check the date, we will count on you to attend.

____ September 8 ____ September 16 ____ September 22 ____ October 6

Phone Number _____ E-mail _____

