

**Extended Learning Program**

746 Adams Drive, Newport News, VA 23606 • phone: 757-283-7791 • fax: 757-591-7483

## Field Trip Permission Form

Your child's WE LEAP class will be attending a field trip to:

Luray Caverns

<i>Date</i>	<b>Saturday, October 27, 2018</b>	<i>Time</i>	<b>6:00 AM – 7:00 PM</b>
<i>Location</i>	<b>Luray Caverns, Luray, VA</b>		
<i>Cost</i>	<b>FREE</b>		
<i>Transportation</i>	<b>Charter Bus</b> – THERE IS NO REGULAR BUS TRANSPORTATION TO OR FROM GMS.		
<i>Notes</i>	<ul style="list-style-type: none"> <li>● <b>Students should arrive at Gildersleeve Middle School at 6:00 AM.</b></li> <li>● Students/staff will depart GMS promptly at 6:30 AM after eating breakfast.</li> <li>● Bagged lunches and snacks will be provided.</li> <li>● Students are welcome to bring their own bagged lunch, snacks, and drinks.</li> <li>● <b>Please note: Any student with dietary/allergy concerns will need to bring their own lunch.</b></li> <li>● Cell phones and other electronic devices are permitted; however, GMS is not responsible if they are lost or stolen. Bring electronics at your own risk.</li> <li>● <b>Please wear your WE LEAP t-shirt, tennis shoes, and bring a jacket (It is chilly in the caverns).</b></li> </ul> <p><b><u>SCHEDULE</u></b></p> <ul style="list-style-type: none"> <li>○ 6:00 AM → Students and Charter Buses arrive at GMS</li> <li>○ 6:30 AM → Buses depart GMS for Luray, VA</li> <li>○ 10:00 AM – 3:00 PM → Museum Exhibits (Luray Caverns Tour) (Luray Valley Museum) (Car &amp; Carriage Museum) (Garden Maze) and Lunch</li> <li>○ 3:30 PM → Departure</li> <li>○ 7:00 PM → Return to GMS for PM Dismissal Home</li> <li>● <b><u>Parents/guardians</u></b> - Please be at Gildersleeve Middle School at 6:55 PM ready to receive your child.</li> </ul>		

Please return this permission slip by: Wednesday, October 24 to your WE LEAP teacher OR directly to Mrs. Koch in Room 506

I give permission for my child \_\_\_\_\_  
to attend the field trip to Luray Caverns – Luray, VA on Saturday, October 27, 2018  
from 6:00 AM to 7:00 PM

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 \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

