

**South Woods Middle School
Syosset, New York**

Field Trip Permission Slip

My child, _____, has permission to participate in the field trip to **Urban Air Adventure Park in Lake Grove, NY on Friday, October 25, 2024.** The students will be leaving at approximately 9:00AM and will return at approximately 2:00PM.

Cost Per Child: Between \$52.00 and \$62.00.

This includes transportation, unlimited access to the park, trampoline socks, and a \$5 arcade card.

***Students should bring a bag lunch or money to purchase lunch and/or snacks at the park**

Please sign and return this permission slip and the last page of the Urban Air waiver (attached) with a \$40.00 deposit to your child's English teacher no later than Wednesday, October 2, 2024. (Please make checks payable to *South Woods Student Activity Fund* and write your child's first and last name in the memo section of the check.)

Note: Final payment will be due later in the month.

As you know, the School District cares deeply about the safety and well-being of your child. Accordingly, there may be circumstances where the School District determines that health and security concerns for your child, the students and the staff require the School District to cancel or alter a field trip and/or travel plans. The School District reserves the right to cancel field trips and/or change the travel plans of a field trip at any time when at its discretion, the safety and well-being of your child and others is of concern. Please note that, you as the parent(s)/guardian(s) of your child assume the financial responsibility for all cancellation fees or other losses related to a field trip being canceled or plans being changed by the School District.

Please fill in the information requested below. Please sign and print your name which will give permission for your child to attend the field trip and acknowledge your understanding of the School District policy stated above.

Child's Name: _____ **Teacher:** _____

In case of emergency please contact:

Name: _____

Relationship: _____

Telephone: _____

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____