



Maplewood Middle School

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Maplewood, NJ 07040

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Dara Crocker Gronau
Principal

Louis Brown
Dion Patterson
Assistant Principals

FIELD TRIP PERMISSION FORM

Dear Parent or Guardian,

As part of our school program we are planning the field trip described below. If you wish your child to participate in this experience, please complete this form and return it to the teacher with the payment of the cost indicated. **CASH ONLY**.

This form must be returned with payment by: Friday 11/17/2017

Date of Trip: November 21, 2017

Destination: Maplewood Movie Theater

Purpose: To view *Wonder*

Method of Transportation: Walking

Time: Departure: 12:30 PM-2:45 PM

Teacher: O'Sullivan, Varney, Mantes

Cost: \$3:00

Students should bring lunch and a drink No lunch/drink required

Special Requirements:

-----DETACH AND RETURN BOTTOM ONLY-----

I hereby give consent for my child _____ to participate in the field trip above. Student's Name (Print First & Last Name)

Emergency phone number, where I can be reached on the day of the trip _____.

If I cannot be reached by phone, I hereby authorize emergency medical treatment in the event of accident or sudden illness.

Signature: _____