

DAVID E. OWENS MIDDLE SCHOOL, NEW MILFORD NJ, 07646

# 6<sup>th</sup> Grade Class Trip Permission Slip

Your child's class will be attending a field trip to: American Museum of Natural History

<i>Date</i>	Tuesday, May 28, 2019	<i>Time</i>	Depart time on May 28th is: 9:15 a.m. Arrival time on May 28th is: 3:00 p.m.
<i>Location</i>	Central Park West at 79th Street New York, NY 10024-5192		
<i>Cost</i>	The estimated cost of the trip will be <b><u>\$30</u></b>		
<i>Transportation</i>	First Student Buses		
<i>Notes</i>	The trip will include, but is subject to change: <ul style="list-style-type: none"><li>- A tour of the American Museum of Natural History's Primary Exhibit Halls</li><li>- <i>The Dark Universe</i> in the Hayden Planetarium</li><li>- Lunch at the museum. Students <b><u>MUST</u></b> bring a bagged lunch that day. Lunch will <b><u>NOT</u></b> be provided for the students.</li><li>- Students are permitted to bring a cellphone with them on the trip, but are asked to follow all posted cell phone rules in the museum.</li></ul>		

Please return this permission slip: May 15th with the payment of \$30 made out to DEOMS or cash.

I give permission for my child \_\_\_\_\_  
to attend the field trip to American Museum of Natural History on Tuesday, May 28, 2019  
Enclosed is \$ 30.00 to cover the cost of the first deposit the trip. (check made payable to DEOMS.)

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 \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_