

Garden City Middle School
Garden City, Mi 48135
734-762-8400

The Japanese Class is planning a field trip.

Destination Ajiten

Date/Time (leave) 5/8/24 10:40 am Date/Time (return) 1:00 pm

Reason for field trip eat Japanese food

Cost to Student \$20 Transportation by bus

Other information see other side

Please sign the permission below and return to Mrs. Watkins

By date April 22nd, 2024

Garden City Middle School
Field Trip Permission Slip

My son/daughter _____ has permission to attend Ajiten
_____ On (date) 5/8/24

I understand that:

1. This trip is not a required educational experience and will not affect my child's grade if s/he is not in attendance.
2. An alternative in-school program will be provided for students not going on this trip. (Applies to trips during school hours)
3. Emergency medical treatment will be given if needed. Please identify any medical problems of which we should be aware.
4. This trip is part of the school's program and the Student Code of Conduct will be enforced.
5. The student has no medical concerns that would prohibit participation in this event/activity.

I hereby release Garden City Public Schools and its employees from any liability regarding this trip and give permission for my child's participation.

Parent Signature: _____

Emergency Contact Info _____