

**ANN ARBOR PUBLIC SCHOOLS  
PARENT NOTIFICATION AND CONSENT FORM  
FOR FIELD AND/OR ATHLETIC TRIPS**

I hereby give permission for my child\* \_\_\_\_\_  
(Student's full name) (Grade)

to go to *Cedar Point Amusement Park, Sandusky, Ohio*  
to *Collect data for our final project – Physics of Amusement Park Rides*

I understand that my child will leave on *5/15/17 at 8:00 am* *from Skyline High School*  
and is expected to return *5/15/17 at 9:00 pm* *to Skyline High School*

Cost: \$70. This covers entrance to the park and rides and transportation by charter bus. Partial scholarships are available if this is an obstacle. Please have a parent email your teacher to request a partial scholarship (*coupland@aaps.k12.mi.us*). No student will be excluded for financial reasons.

**Bring: About \$20 for lunch and dinner, and a jacket or sweatshirt if cool weather is expected. Students will buy lunch in the park. We will stop for dinner at a fast food restaurant on the return trip.**

Students meet in the Commons at 7:30 am on May 15<sup>th</sup>

In granting this permission, I assume full responsibility for any damage to person or property caused by my child. I agree that if it is determined that my child needs medical or dental treatment, I will be responsible for any such treatment determined necessary by a physician or dentist.

I further agree that if the behavior or health of my child should make it necessary to send him/her home prior to the above return time and date, I will be responsible for those expenses. I understand that no child will be sent home unaccompanied by an adult.

There will be chaperones accompanying the student or groups of students not only during the scheduled activity but whenever they leave the activity site.

Only students with a signed permission slip will be able to attend. Permission slips with payment are **due to your teacher by April 21**. Bus seats are limited and participation is first-come, first serve. **Make your check to Ann Arbor Public Schools.**

\_\_\_\_\_  
(Principal or authorized staff)

\_\_\_\_\_  
(School)

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Date of Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Home telephone number)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Best daytime contact number)

\* This includes children under guardianship, ward, etc.