

MOUNTLAKE TERRACE HIGH SCHOOL

Greg Schwab
Principal

Includes Brier, Edmonds, Lynnwood, Mountlake Terrace, and Woodway

Dear parents/guardians of Freshman English students,

We are thrilled to announce a field trip to see a performance of *Romeo and Juliet* by the Seattle Shakespeare Company at Edmonds Center for the Arts. The trip will take place on Tuesday April 22, from 9:00am to 1:30pm. We will use district buses to get there, and students will need a packed lunch to eat on the bus.

The cost per student is \$10, which includes \$8 for the ticket, and \$2 to cover transportation costs. Students should pay by cash or check to Ms. Vest in the main office. Checks should be made out to Mountlake Terrace High School. Subsidies are available for students who want to go but can't afford the ticket price. Please contact us or the counseling office to arrange for a subsidy.

Please fill out and sign the permission slip and medical release on the back of this letter. Students should return the form, along with the receipt from Ms. Vest, to their freshman English teacher. Permission slips and receipts should be turned in by April 14th.

Also, please consider chaperoning our trip! With 320 students attending, we will need some extra adults to help make sure things run smoothly. The cost of your ticket will be covered. Please contact your student's teacher about chaperoning.

Thank you!

Ms. Widrig: widrighodgesj@edmonds.wednet.edu

Ms. Mafnas: mafnasf@edmonds.wednet.edu

Ms. Streckenbach: streckenbachl@edmonds.wednet.edu

Mr. DeMiero: demierov@edmonds.wednet.edu

.OUR MISSION.

To ADVOCATE for all students by PROVIDING a learning environment with EMPOWERS students, staff and the community to MAXIMIZE their personal, creative and academic potential in order to BECOME lifelong learners and responsible world citizens.

Student Name _____ School _____ Date _____

GENERAL INFORMATION

The English Department (9th grade) is planning a trip to Edmonds Center for the Arts
 Purpose of trip to view a professional performance of Romeo + Juliet
 Trip Destination Edmonds, WA Phone No. (425) 775-9483
 Address 410 4th Ave N, Edmonds, WA Place of Lodging n/a
 We will leave from Mountlake Terrace High School at 9:00 ☒ AM ☐ PM
 on (date) 4/22/14. We will return to the school on (day) 4/22/14 (date) Tuesday
 at 1:30 ☐ AM ☒ PM ☐ Itinerary is attached ☐ List of items needed is attached

TYPE OF TRANSPORTATION

☐ District Vehicle ☐ Commercial Transportation ☒ District Bus ☐ Other (explain) _____

MEDICAL INFORMATION

The following current health problems should be noted and adequate precautions taken (please list conditions such as unusually severe reaction to bee stings, other severe allergies, diabetes, seizures, etc.): _____

If your student requires medication on a field trip, a current Medication Authorization (H-145, signed by an MD/health care provider) must be provided. These are available at the school main office or district website.

Medical insurance? ☐ yes ☐ no Carrier Name _____

If yes, includes Dental Insurance? ☐ yes ☐ no

Student Accident Insurance is recommended; low cost plans applications are available in the school offices.

Name of Preferred Health Care Provider or Clinic: _____ Phone (____) _____

Name of Preferred Dentist or Dental Clinic: _____ Phone (____) _____

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning.

If you have questions or concerns about this activity, please contact: _____

MEDICAL RELEASE

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury and/or death. Being fully aware of the risks,

I hereby give consent for: (student) _____ to participate in the activity.

Parent/Guardian Name _____ Day Phone (____) _____

Home Address _____ Evening Phone (____) _____

Emergency Contact _____ Emergency Phone (____) _____

Signature of Parent/Guardian _____ Date _____

*Parent/guardian signature reflects their knowledge and approval of the activity described above.
 This form must be returned to school before the student is involved in the activity.*