May 17th, 2017



Dear Parents,

On Monday, May 29th, our class will be going on a field trip to Victoria Butterfly Gardens. The children will have a great time exploring this local attraction and connect their learning to the butterflies we've been raising in class. The tour will take approximately 1 hour. Parents and siblings are welcome to join us but there is an additional charge: Adults are \$13.44, seniors are \$8.40, and children under 5 are free.

Our classes will be leaving the school at 12:25 and will be returning around 2:00. We are planning to use parent drivers for this trip. We so appreciate your support in this volunteering area. Please ensure that you have a completed criminal record check (CRC) recorded with the school board office, as well as \$ 2 000 000 liability insurance on your car. If you do not have a CRC, you are, of course, able to drive your own child.

Each of the children will need to have a booster seat in order to ride in a parent driven vehicle. These seats can be dropped off at the classroom on the morning of our trip.

Thanks so much for your support. We are looking forward to a great adventure!

Tracey Westwood

Yes I Can Drive For This Trip

Name:	
I can drive	students in seats with seat belts in good working order.
Ι	have a completed criminal
record check register	red with SD #63. I also have a filled in a 3040-B (School Use of
Private Vehicle) form	and dropped this at the school office.

Please return this portion to Mrs. Westwood



3040-B Field Trip Consent Form

Teacher: Mrs. Westwood	Date Submitted: May 17, 2017
Trip Departure Date and Time: May 29 @ 12:20 School: Destination: Victoria Butterfy Description of Activity including curricular relevant to compliment to compliment.	Trip Return Date and Time: May 29@1:45 Gardens Ince (if applicable): Dent butterfly unit
Group or class of students: K2	Grade(s): Kindergarten
Transportation Arrangements: Parent	
Number of participating students: 21	Cost per student:
PARENT/GUARDIAN AUTHOR	ISATION - PLEASE COMPLETE
Please complete and return this form to yo payment (if applicable) in cash or cheque	
STUDENT NAME:	
MEDICAL SIGNAL AND	se print clearly
Plea	cient information about the above planned
Please YES, I have been provided with suffice.	cient information about the above planned ld to attend.
Pleas YES, I have been provided with suffi- field trip and give consent for my chi	cient information about the above planned ld to attend.
Pleas YES, I have been provided with suffi- field trip and give consent for my chi	cient information about the above planned ld to attend.
Please YES, I have been provided with sufficient field trip and give consent for my child My child DOES require a booster sea Parent/Guardian Signature:	cient information about the above planned ld to attend.
Please YES, I have been provided with sufficient field trip and give consent for my child My child DOES require a booster sea Parent/Guardian Signature:	cient information about the above planned ld to attend. t. Date: Date:
Please YES, I have been provided with sufficient field trip and give consent for my child My child DOES require a booster sea Parent/Guardian Signature: Please tick the	cient information about the above planned ld to attend. t. Date: is box if you do NOT give your consent:
Please YES, I have been provided with sufficient field trip and give consent for my child My child DOES require a booster sea Parent/Guardian Signature: Please tick the Please list any medical concerns:	cient information about the above planned ld to attend. t. Date: is box if you do NOT give your consent:

requirement for trips outside of the province.