

Thompson Middle School –8th Grade Trip

WHERE: Liberty Science Center Jersey City, NJ

WHEN: Thursday, March 2

Students should arrive to school at *Normal Time* and will return back to school at approximately 4:00.

COST: \$55.00

The price includes transportation, general admission to the museum, entry into the special exhibit, lunch, IMAX show ticket.

PERMISSION SLIPS AND MONEY SHOULD BE SUBMITTED BY:

Friday, January 13, 2017

CHECKS SHOULD BE MADE PAYABLE TO: Thompson Middle School.

Please write your child's name on the check. Unfortunately, **NO** refunds available, but tickets are transferable to another student.

WHAT TO BRING: Students should bring **NO** more than \$20.00 for the gift shop.

-----Please cut and return only the bottom section-----

Student's Name: _____

Homeroom Teacher: _____ Check # or Cash: _____

PARENT'S PERMISSION FOR TRIP

Date: _____

School: Thompson Middle School

_____ **has my permission to go to the Liberty Science Center in Jersey City, NJ on Thursday, March 2, 2017**

Time leaving school: Approximately 8:45AM Time returning: Approximately 4:00PM

I hereby relive the Middletown Township Public Schools of all responsibility, beyond that of normal supervision. As a student of Thompson Middle School, my child knows and understands what is appropriate behavior. He/She understands that misconduct will be treated the same as if they were school or on school property. Furthermore, it is clear that all violations of the law will be handled by the proper authorities, and all the school rules, regulations and Board of Education policies will be in effect throughout the trip.

We have read and discussed these rules.

In case of emergency on the day of the trip, please provide information where you can be contacted:

Phone: _____ Cell: _____



Parent Signature: _____

Flip Over

Please save this portion of the permission slip at home for trip information

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Parent Volunteer:

- I am interested in attending this trip as a chaperone (This does not guarantee you will be able to attend. You will be notified if you are needed as a chaperone).

Name: _____

Phone Number: _____ Email Address: _____

- I am not interested in attending.

Student Group:

Groups can be no more than **10** students including you. Please clearly write down the names of the students in your group. (You do not need to fill in every line).

Your Name

