

Name: _____

2016 8th Grade Wild Waves Field Trip Permission Slip

**Return filled out and signed with payment to the
RMS Office BEFORE Friday, May 20, 2016.
Students CANNOT attend without parent/guardian permission.**

Wild Waves is a 70-acre Theme Park facility with 43 rides. Go to www.wildwaves.com for more details. Do not bring valuables – we cannot be responsible for lost or stolen items!

DATE: Thursday, June 16, 2016

TIME: Bus leaves RMS at 8:45am **will arrive to Reeves at either 2:00pm** (siblings of Olympia High School graduates or transportation issues) **or 7:00pm.** Busses will leave Wild Waves at 12:45pm or 5:30pm.

I need to return at 2pm
(can take bus home from school like normal)

I would like to return at 7pm
(must arrange transportation home from school)

COST: \$20.00 (Make check payable to Reeves MS).
This covers entry fee and transportation (Students can bring a sack lunch or bring money to purchase a meal at Wild Waves)

QUESTIONS: E-mail kzarate@osd.wednet.edu

Please check all the boxes that apply and fill out the information completely.

I've enclosed **\$20.00** (Make check payable to "Reeves Middle School")

I've included an additional donation in the amount of _____ to help another student attend who may require a scholarship.

Please consider me for a partial scholarship. I have enclosed a total of \$_____.
Scholarship information will be kept confidential.

Contact Name & Phone (please print clearly): _____

Please consider me for a full scholarship. *Scholarship information will be kept confidential.*

Contact Name & Phone (please print clearly): _____

I'd like to help as a chaperone (adults only, please). *We will contact you with details.*

Contact Name, Phone & Email (please print clearly):

My student, _____, will not attend.

Reeves Middle School

Permission Slip to Leave the School Grounds During the School Day

I give permission for my student, _____, to participate in a school approved field trip to WILD WAVES on **Thursday, June 16, 2016.**

I understand that he or she will be called out of class at 8:45am to board a bus for transport to the location.

I understand that he or she will return to Reeves at either 2:00pm or 7:00pm.

I understand my son/daughter will be under the supervision of school staff and parent volunteers during the field trip and will be expected to follow all school rules and reasonable requests of the school staff members and parent chaperones. Should a discipline problem occur involving my son/daughter, I understand that he or she could be excluded from this outing.

By signing this form I evidence my understanding of this agreement, agree to its conditions, and give permission for my son/daughter to participate in this activity.

Parent/Guardian Printed Name _____

Emergency Phone Number _____

Parent/Guardian Signature _____ **Date** _____

Attention School Staff! Please note the following special medical conditions or other considerations regarding my son/daughter:

(school nurse will review medical concerns for students prior to day of event)

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