



THE ACADEMY OF INNOVATIVE LEARNING
PUBLIC SCHOOL 65
"Where Every Student is a "CHILD OF PROMISE"



718 981 5034 (office)
Sophie Scamardella, Principal
Carolyn Reilly, Assistant Principal

www.ps65R.org
Liz Rodriguez, School Counselor
Norma Santaliz, Parent Coordinator

PARENT NOTIFICATION/CONSENT FORM
DAY TRIP

Student's Name: _____ Class: _____
School (list additional trip sponsors when applicable): Public School 65R Trip Date: _____
Trip Coordinator: _____
Destination: _____
Departure Site: Public School 65 R - 98 Grant Street, S.I., N. Y. 10301 Departure Time: _____
Return Site: Public School 65R - 98 Grant Street, S.I., N. Y. 10301 Return Time: No later than 1:30 pm
Mode of Transportation: Yellow School Bus Service
Purpose of Trip:
Specific clothing/equipment required for this trip: School Uniform

This trip will include the following physical and sports activities:

I, the parent/guardian of the student named above, hereby give my permission for my child to take part in the school trip described above.

- a) I understand that there are potential risks associated with the above-listed activities and I consent to my child's participation in all activities except for the following:
b) Please indicate below any permanent or temporary medical or other condition including special dietary and medication needs, or the need for visual or auditory aids, which should be known about your child:
c) I understand that as a parent, if I believe it is necessary to limit my child's activity to a great extent, then the school may not be able to accommodate my child on this trip and that I and my child will be informed of the decision as soon as possible upon the receipt by the school of this completed consent form.
d) I agree that in the event of an emergency, injury or illness, the staff member(s) in charge of the trip may act on my behalf and at my expense in obtaining medical treatment for my child.
e) I understand that my child is expected to behave responsibly and to follow the school's discipline code and policies.
f) I agree and understand that I am responsible for the actions of my child, and I release the school from all claims and liabilities that arise in connection with the trip, except if due to the negligence of school officials.
g) I understand that I am responsible for getting my child to and from the departure and return sites identified above. I understand that my child shall be accompanied by staff member(s) during the trip, including while traveling from the departure site to the destination site and from the destination site to the return site.
h) I understand that alcoholic beverages and/or illegal drugs are prohibited and have discussed this prohibition with my child. I understand that if my child is found in possession of these substances, he/she will be subject to school disciplinary procedures and possible criminal prosecution.
i) I understand that students who violate the school's discipline code may be excluded in the future by the school from participating in a trip.

REQUIRED INFORMATION TO BE INCLUDED:

j) In an emergency I can be reached at: Day: () _____ Evening () _____
Additional Contact: Name: _____ Day: () _____ Evening: () _____

Please check the appropriate boxes regarding permission and lunch. PLEASE!! Return by Mon. Dec. 1, 2012

_____ I give permission for my child to attend this trip. _____ Yes No

_____ I do not give permission for my child to attend this trip. _____ Yes No

_____ My child will bring his/her own lunch. _____ My child will need a school lunch.

_____ Check here if you are available to chaperone. ONLY TWO WILL BE NEEDED. You will be notified by the teacher if you have been selected. We will make sure that everyone has an opportunity to attend trips throughout the school year. Chaperones are required to ride the school bus with the children, unless seating accommodations may not be available. They will supervise ALL children throughout the activity and assist in taking students to bathrooms.

PARENT/GUARDIAN SIGNATURE

STUDENT'S NAME

Child's Class