Payment and form due: June 21, 2023

Student		School Cherok		kee Elementary Su	mmer SACC
Teacher/Sponsor	Debbie Titran, Program Director	Date(s) of Trip <b>June 22, 2023</b>			
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in emergency.				eded in the	
Activity Name	Elemental Movie Field Trip	Destination of Trip		Emagine Theatre Macomb	
Destination Phone	(586)372-3456	Student \$20		Chaperone Cost	N/A
Transportation	Chippewa Valley Schools Bus	Food Provision		Popcorn & Pop	
Departure Location	Cherokee Elementary Door #5	Departure Time		9:00 a.m.	
Return Location	Cherokee Elementary Door #5	Return Time		12:00 p.m.	

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

Student Name	⊠	Address		$\boxtimes$	
Parent/Guardian(s)	$\boxtimes$	Parent/Guardian Phone		e 🗵	
Secondary Contact	$\boxtimes$	Secondary Phone		$\boxtimes$	
<b>Emergency Phone</b>	$\boxtimes$	Date(s) of Trip		June 22, 2023	
Activity Name	Elemental Movie Field Trip	Destination of Trip		<b>Emagine Theatre Macomb</b>	
Destination Phone	(586)372-3456	Student \$20		Chaperone Cost	N/A
Food Provision	Popcorn & pop	Transportation		Chippewa Valley Schools Bus	
Departure Location	Cherokee Elementary Door #5	Departure Time		9:00 a.m.	
Return Location	Cherokee Elementary Door #5	Return Time		12:00 p.m.	

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

Parent Signature
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Payment and form due: July 11, 2023

Student		School Cherok		ee Elementary Su	mmer SACC	
Teacher/Sponsor	Debbie Titran, Program Director	Date(s) of Trip July 13, 20			3, 2023	
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in emergency.					eded in the	
Activity Name	Blake' Cider Mill & Orchard strawberry picking, barnyard funland hot dog lunch, cider & donut	Destination of Trip		Destination of Trip Blake's Cier Mill & Orc		& Orchard
Destination Phone	(586)795-7948	Student \$20			Chaperone Cost	N/A
Transportation	Chippewa Valley Schools Bus	Food Provision			Hot dog lunch, cider & donut	
Departure Location	Cherokee Elementary Door #5	Departure Time			9:00 a.m.	
Return Location	Cherokee Elementary Door #5	Return Time 1:30 p.m.		1:30 p.m.		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

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Student Name	⊗	Address		$\boxtimes$	
Parent/Guardian(s)	$\boxtimes$	Parent/Guardian Phone		e 🗵	
Secondary Contact	$\boxtimes$	Secondary Phone		$\boxtimes$	
Emergency Phone	$\boxtimes$	Date(s) of Trip		July, 13, 2023	
Activity Name	Strawberry picking, barnyard funland, hot dog lunch, cider & donut	Destination of Trip		Blake's Cier Mill & Orchard	
Destination Phone	(586)795-7958	Student \$20		Chaperone Cost	N/A
Food Provision	Hot dog lunch, cider & donut	Transportation		Chippewa Valley Schools Bus	
Departure Location	Cherokee Elementary Door #5	Departure Time		9:00 a.m.	
Return Location	Cherokee Elementary Door #5	Return Time		1:30 p.m.	

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below.	In this case, the child wil
be given related schoolwork to do in the school.	

Parent Signature		Date	$\boxtimes$
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Parent Permis	ssion Form for a Field Trip	Pay	yment and form due: June 27, 2023
Student		School	Cherokee Elementary Summer SACC
Teacher/Sponsor	Debbie Titran, Program Director	Date(s) of Trip	June 29, 2023

A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.

Activity Name	Nature Center visit and McDonald's	Destination	of Trip	Seven Ponds Nate McDonald' lunch	ure Center &
Destination Phone	(810)796-3200	Student \$20		Chaperone Cost	N/A
Transportation	Chippewa Valley Schools Bus	Food Provi	sion	McDonald's lunch with ice cream	
Departure Location	Cherokee Elementary Door #5	Departure	Time	9:00 a.m.	
Return Location	Cherokee Elementary Door #5	Return Tim	ne	2:00 p.m.	

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

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Student Name	⊗	Address		$\boxtimes$	
Parent/Guardian(s)	$\boxtimes$	Parent/Guardian Phone		$\boxtimes$	
Secondary Contact	$\boxtimes$	Secondary Phone		$\boxtimes$	
<b>Emergency Phone</b>	$\boxtimes$	Date(s) of Trip		June 29, 2023	
Activity Name	Nature Center visit and McDonal	Destination of Trip		Seven Ponds Nature Center & McDonald' lunch	
Destination Phone	(810)796-3200	Student \$20		Chaperone Cost	N/A
Food Provision	McDonald's lunch with ice cream	Transportation		Chippewa Valley Schools Bus	
Departure Location	Cherokee Elementary Door #5	Departure Time		9:00 a.m.	
Return Location	Cherokee Elementary Door #5	Return Time	eturn Time 2:00 p.m.		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

$\boxtimes$			

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

Parent Signature	$\boxtimes$	Date	$\boxtimes$
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Student		School Cherok		Cherokee Elementary Summer S		mmer SACC	
Teacher/Sponsor	Debbie Titran, Program Director	Date(s) of Trip <b>July 20, 2023</b>					
A field trip is planned emergency.	A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.						
Activity Name	Legoland & lunch at Rainforest Cafe	Destination of Trip		rip	Legoland & Rainforest Cafe		
Destination Phone	(248)409-6001	Student Cost	\$30		Chaperone Cost	N/A	
Transportation	Chippewa Valley Schools Bus	Food Provision			Lunch at Rainforest Cafe		
Departure Location	Cherokee Elementary Door #5	Departure	Departure Time		e <b>8:45 a.m</b> .		
Return Location	Cherokee Elementary Door #5	Return Time		2:00 p.m.			

Payment and form due: July 17, 2023

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

Student Name	$\boxtimes$	Address		$\boxtimes$	
Parent/Guardian(s)	$\boxtimes$	Parent/Guardian Phone		×	
Secondary Contact	$\boxtimes$	Secondary Phone		$\boxtimes$	
Emergency Phone	$\boxtimes$	Date(s) of Trip		July 20, 2023	
Activity Name	Legoland & lunch at Rainforest Cafe	Destination of Trip		Legoland & Rainforest Cafe	
Destination Phone	(248)409-6001	Student Cost \$30		Chaperone Cost	N/A
Food Provision	Lunch at Rainforest Cafe	Transportation		Chippewa Valley Schools Bus	
Departure Location	Cherokee Elementary Door #5	Departure Time		8:45 a.m.	
Return Location	Cherokee Elementary Door #5	Return Time		2:00 p.m.	

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

 $\square$  My child <u>will not</u> be participating in the above activity.

Parent Signature	$\boxtimes$	Date	$\boxtimes$
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Payment and form due: July 24, 2023

Student		School	Chero	kee Elementary Su	mmer SACC	
Teacher/Sponsor	Debbie Titran, Program Director	Date(s) of T	s) of Trip <b>July 27, 2023</b>			
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.						
Activity Name	Bowling & pizza lunch	Destination of Trip		Shelby Lanes		
Destination Phone	(586)731-4800	Student Cost	\$20	Chaperone Cost	N/A	
Transportation	Chippewa Valley Schools Bus	Food Provision		Pizza lunch		
Departure Location	Cherokee Elementary Door #5	Departure Time		9:00 a.m.		
Return Location	Cherokee Elementary Door #5	Return Time	Э	1:30 p.m.		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

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Student Name	⊗	Address		፟ 🗷	
Parent/Guardian(s)	$\boxtimes$	Parent/Guardian Phone		e 🗵	
Secondary Contact	$\boxtimes$	Secondary Phone		⋉	
Emergency Phone	$\boxtimes$	Date(s) of Trip		July 27, 2023	
Activity Name	Bowling & pizza lunch	Destination of Trip		Shelby Lanes	
Destination Phone	(586)731-4800	Student Cost \$20		Chaperone Cost	N/A
Food Provision	Pizza lunch	Transportation		Chippewa Valley Schools Bus	
Departure Location	Cherokee Elementary Door #5	Departure Time		9:00 a.m.	
Return Location	Cherokee Elementary Door #5	Return Time		1:30 p.m.	

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

Parent Signature
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Student		School Cherok		Cherokee Elementary Summer S		
Teacher/Sponsor	Debbie Titran, Program Director	Date(s) of Trip August 3, 2023				
A field trip is planned emergency.	for your child as indicated below. Field trips	require pare	ent ap	proval	and information ne	eded in the
Activity Name	Outdoor Adventure Center & Wally's Ice Cream	Destination of Trip		Outdoor Adventure Center Wally's Ice Cream		
Destination Phone	1-844-622-6367 552-5038	Student Cost	\$20		Chaperone Cost	N/A
Transportation	Chippewa Valley Schools Bus	Food Provision			Bring bag lunch Ice cream included	
Departure Location	Cherokee Elementary Door #5	Departure Time			8:45 a.m.	
Return Location	Cherokee Elementary Door #5	Return Tim	ne	2:00 p.m.		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

Student Name	$\boxtimes$	Address		$\boxtimes$	
Parent/Guardian(s)	$\boxtimes$	Parent/Guardian Phone		$\boxtimes$	
Secondary Contact	➣	Secondary Phone		⋉	
Emergency Phone	➣	Date(s) of Trip		August 3, 2023	
Activity Name	Outdoor Adventure Center & Wally's Ice Cream	Destination of Trip		Outdoor Adventure Center & Wally's Ice Cream	
Destination Phone	1-844-622-6367 552-5038	Student \$20		Chaperone Cost	N/A
Food Provision	Bring bag lunch Ice cream included	Transportation		Chippewa Valley Schools Bus	
Departure Location	Cherokee Elementary Door #5	Departure Time		8:45 a.m.	
Return Location	Cherokee Elementary Door #5	Return Time		2:00 p.m.	

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
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- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

☐ My child will not be participating in the above activity.

Parent Signature	⊗	Date	$\boxtimes$

Payment and form due: July 31, 2023

## Payment and form due: June 26, 2023

Student		School	Cherol	kee Elementary Su	mmer SACC	
Teacher/Sponsor	Debbie Titran, Program Director	Date(s) of T	rip <b>June</b>	June 28, 2023		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.						
Activity Name	Swimming	Destination of Trip		Macomb Twp Parks & Rec		
Destination Phone	(586)992-2900	Student Cost \$15		Chaperone Cost	N/A	
Transportation	Chippewa Valley Schools Bus	Food Provision		N/A		
Departure Location	Cherokee Elementary Door #5	Departure Time		12:00 p.m.		
Return Location	Cherokee Elementary Door #5	Return Time		3:00 p.m.		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

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Student Name	⊗	Address		$\boxtimes$	
Parent/Guardian(s)	$\boxtimes$	Parent/Guardian Phone		$\boxtimes$	
Secondary Contact	$\boxtimes$	Secondary Phone		$\boxtimes$	
Emergency Phone	$\boxtimes$	Date(s) of Trip		June 28, 2023	
Activity Name	Swimming	Destination of Trip		Macomb Twp Parks & Rec	
Destination Phone	(586)992-2900	Student Cost \$15		Chaperone Cost	N/A
Food Provision	N/A	Transportation		Chippewa Valley Schools Bus	
Departure Location	Cherokee Elementary Door #5	Departure Time		12:00 p.m.	
Return Location	Cherokee Elementary Door #5	Return Time		3:00 p.m.	

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
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- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

Parent Signature	$\boxtimes$	Date	⋉

### Payment and form due: July 10, 2023

Student		School Cherok		Cherokee Elementary Summer		
Teacher/Sponsor	Debbie Titran, Program Director	Date(s) of Trip <b>July 12, 2023</b>				
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.						
Activity Name	Swimming	Destination of Trip		Macomb Twp Parks & Rec		
Destination Phone	(586)992-2900	Student Cost	\$15	Chaperone Cost	N/A	
Transportation	Chippewa Valley Schools Bus	Food Provis	sion	N/A		
Departure Location	Cherokee Elementary Door #5	Departure Time		12:00 p.m.		
Return Location	Cherokee Elementary Door #5	Return Time		Return Time 3:00 p.m.		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

×					
Student Name	⊗	Address		➣	
Parent/Guardian(s)	$\boxtimes$	Parent/Guardian Phone		$\boxtimes$	
Secondary Contact	➣	Secondary Phone		⊠>	
Emergency Phone	➣	Date(s) of Trip		July 12, 2023	
Activity Name	Swimming	Destination of T	Destination of Trip		& Rec
Destination Phone	(586)992-2900	Student Cost	\$15	Chaperone Cost	N/A
Food Provision	N/A	Transportation		Chippewa Valley Schools Bus	
Departure Location	Cherokee Elementary Door #5	Departure Time		12:00 p.m.	
Return Location	Cherokee Elementary Door #5	Return Time		3:00 p.m.	

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

Parent Signature	
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### Payment and form due: July 17, 2023

Student		School	(	Cherok	cee Elementary Su	mmer SACC
Teacher/Sponsor	Debbie Titran, Program Director	Date(s) of	te(s) of Trip July 19, 2023			
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.						
Activity Name	Swimming	Destination of Trip		Macomb Twp Parks & Rec		
Destination Phone	(586)992-2900	Student Cost	\$15		Chaperone Cost	N/A
Transportation	Chippewa Valley Schools Bus	Food Provi	sion		N/A	
Departure Location	Cherokee Elementary Door #5	Departure Time		Time 12:00 p.m.		
Return Location	Cherokee Elementary Door #5	Return Time		Return Time 3:00 p.m.		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

X					
Student Name	⊗	Address		➣	
Parent/Guardian(s)	$\boxtimes$	Parent/Guardian Phone		$\boxtimes$	
Secondary Contact	$\boxtimes$	Secondary Phone		В>	
Emergency Phone	$\boxtimes$	Date(s) of Trip		July 19, 2023	
Activity Name	Swimming	Destination of T		Macomb Twp Parks & Rec	
Destination Phone	(586)992-2900	Student Cost	\$15	Chaperone Cost	N/A
Food Provision	N/A	Transportation		Chippewa Valley Schools Bus	
Departure Location	Cherokee Elementary Door #5	Departure Time		12:00 p.m.	
Return Location	Cherokee Elementary Door #5	Return Time 3:00 p.m.			

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
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If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

Parent Signature	$\boxtimes$	Date	$\boxtimes$

### Payment and form due: July 24, 2023

Student		School Cherok		Cherokee Elementary Summer S		
Teacher/Sponsor	Debbie Titran, Program Director	Date(s) of Trip <b>July 26, 2023</b>				
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.						
Activity Name	Swimming	Destination of Trip		Macomb Twp Parks & Rec		
Destination Phone	(586)992-2900	Student Cost	\$15	Chaperone Cost	N/A	
Transportation	Chippewa Valley Schools Bus	Food Provis	ion	N/A		
Departure Location	Cherokee Elementary Door #5	Departure Time		12:00 p.m.		
Return Location	Cherokee Elementary Door #5	Return Time		Return Time 3:00 p.m.		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

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Student Name	⊗	Address		➣	
Parent/Guardian(s)	$\boxtimes$	Parent/Guardian Phone		$\boxtimes$	
Secondary Contact	$\boxtimes$	Secondary Phone		⊠>	
Emergency Phone	$\boxtimes$	Date(s) of Trip		July 26, 2023	
Activity Name	Swimming	Destination of T	⁻rip	Macomb Twp Parks & Rec	
Destination Phone	(586)992-2900	Student Cost	\$15	Chaperone Cost	N/A
Food Provision	N/A	Transportation		Chippewa Valley Schools Bus	
Departure Location	Cherokee Elementary Door #5	Departure Time		12:00 p.m.	
Return Location	Cherokee Elementary Door #5	Return Time		3:00 p.m.	

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
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- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
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- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

Parent Signature	➣	Date	$\boxtimes$

### Payment and form due: July 31, 2023

Student		School	Ch	nerokee Elementary Summer SACC	
Teacher/Sponsor	Debbie Titran, Program Director	Date(s) of Trip August 2, 2023			
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	Swimming	Destination of Trip		Macomb Twp Parks & Rec	
Destination Phone	(586)992-2900	Student Cost	\$15	Chaperone Cost N/A	
Transportation	Chippewa Valley Schools Bus	Food Provis	sion	N/A	
Departure Location	Cherokee Elementary Door #5	Departure Time		12:00 p.m.	
Return Location	Cherokee Elementary Door #5	Return Time		3:00 p.m.	

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

×					
Student Name	⊗	Address		⋉	
Parent/Guardian(s)	$\boxtimes$	Parent/Guardian Phone		$\boxtimes$	
Secondary Contact	$\boxtimes$	Secondary Phone		☒>	
Emergency Phone	$\boxtimes$	Date(s) of Trip		August 2, 2023	
Activity Name	Swimming	Destination of T		Macomb Twp Parks & Rec	
Destination Phone	(586)992-2900	Student Cost	\$15	Chaperone Cost	N/A
Food Provision	N/A	Transportation		Chippewa Valley Schools Bus	
Departure Location	Cherokee Elementary Door #5	Departure Time		12:00 p.m.	
Return Location	Cherokee Elementary Door #5	Return Time 3:00 p.m.			

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

Parent Signature	$\boxtimes$	Date	$\boxtimes$
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