



HARTFORD S.D.A. AREA SCHOOL

474 Woodland Street, Hartford, CT 06112

FIELD TRIP PARENTAL PERMISSION SLIP.

The HASDAS Family field trip

To: **Rose Orchards**, 33 Branford Rd, North Branford, CT 06471

Date: **Thursday, October 25, 2018**

Program: **Apple picking**

Cost: **\$30.00** (Includes transportation, wagon rid &, one bag of apples)

Adults who drive will purchase their own items.

We will leave from: Hartford Area SDA School at **8:30 A.M.**
(Location) (Time)

We plan to return to: Hartford Area SDA School at **5:00 PM.**
(Location) (Time)

We are traveling by: School Bus

Other remarks: *All parents are asked to provide a sack lunch for that day.

****PLEASE COME IN GYM UNIFORM or BLUE JEANS AND RED TOP****

_____ has my permission to go with the
(Student Name)

HASDAS Family to **Rose Orchards**. If in the course of the trip, it becomes necessary for my child to receive medical attention, the staff has my permission to seek the same. The doctor and/or hospital has my permission to start the needed treatment. Please call me at (____)_____
(TELEPHONE)

Please indicate how many will be travelling with us. (Check which apply)

___ will be traveling on the bus ___ We will be driving
___ (# of persons) ___ (# of persons)

Signature of Parent _____ Date _____