

Thomas Edison Regional Gifted Center

4929 N Sawyer Ave • Chicago, IL 60625 • Phone: 773-534-0540



Karen Valentine
Principal
KEValentine1@cps.edu

Field Trip Notification Form

	Date:
Dear Parents,	Approved: Kasen Vil
Room(s) K-Bh grade is/are planning a trip. Please review this information. have questions or concerns.	Call the school if you
have questions or concerns.	
Trip Date: Oct. 14, 2016	
Trip Destination: River Park Track Address: 3000 N. Availl Chicago, IL 60625	
Purpose of the Trip: Track-a-than! Stydents will work/now the track to raise movey for ERGC and Suppor	laps around
Mode of Transportation: Bus Walking CTA	Other
Departure Time: 12:00 am pm Cost per child: \$	
Lunch Arrangements: Students will eat an early lunch at sol	led
# of Students: School # of Adults: 30+	
Names of Teachers and Chaperones (Include First Names): Ms. Valentine, Edison for Buria and Kame Stanley (co-drains), etc.	iculty, Alex
Special Considerations: The PTO will provide water, fruit, as	nd NUT FREE
Snacks during the eneut (P)	· Lo
***Please sign this permission slip and return it to your child's teacher by ***	
I hereby give my child,	anducted by Edison
Regional Gifted Center toon	
I agree to absolve the CPS, trip sponsors, and the attendants of all personal liability. I recognize that CPS has provided insurance funderstand that responsible precautions will be exercised to ensure my child's safety. BI absolve CPD from a	for approved school field trips. 1
Child's Name Parent's Signature DATE	\$ enclosed if applicable
Yes, I am able to chaperone. No, I am unable to chaperone.	