



**Learning Expedition Schedule  
4th Quarter 2009-2010**

TO: Normal Park Museum Magnet Parents, 2nd grade  
General Permission Slip

During the school day, our students travel to visit our seven partner museums. Please sign the general permission slip to cover all of the trips during this nine weeks. A reminder will be sent several days before each trip with any additional information you may need. Your child's trips are listed below. Please sign and return the permission slip portion as soon as possible. Keep the schedule section for future information. Thank you for your cooperation.

**The times are departure from school and return to school.**

<b>March 23</b> <b>Waffle House dig, Dayton Blvd.</b>  <b>Kelly &amp; Romans, 11:00-12:30</b> <b>Bryant &amp; Lane, 12:00-1:30</b>	<b>THURSDAY, April 1</b> <b>IMAX- Sea Monsters</b>  <b>9:30-11:15</b>  <b>Cost is \$5 per student &amp; \$7.75 per adult. Parents- please meet us there and pay there! You will not receive volunteer credit for this expedition.</b>	<b>April 13</b> <b>Dig site- Lookout Mtn.</b>  <b>9:00-12:00</b>
<b>April 27</b> <b>Hunter</b>  <b>Bryant &amp; Romans, 9:45-11:00</b> <b>Kelly &amp; Lane, 10:30-11:45</b>  <b>*No parents needed</b>	<b>May 4</b> <b>CNC</b>  <b>9:00-12:20</b>  <b>*Due to limited bus space, parents need to drive.</b>	<b>May 11</b> <b>CDM</b>  <b>Bryant &amp; Kelly, 11:00-12:30</b>  <b>Romans &amp; Lane, 12:00-1:30</b>

(Cut Here)

I/We, the undersigned, hereby grant permission for \_\_\_\_\_  
to participate in the above activities. (student name)

I/we do hereby agree to release from any and all liability and otherwise hold harmless all school personnel acting in their supervisory capacity for personal injury, property or other type of loss which occurred as a result of this activity.

I further authorize the above-mentioned chaperone(s) to seek and arrange for emergency medical care, hospitalization or surgery that may become necessary in my absence and I/we will assume financial responsibility for same.

The school sponsors, schools, and Hamilton county officials will make every reasonable effort to properly supervise, control, and render safe all activities in the planned program above.

\_\_\_\_\_  
Student Signature                      Parent(s) Signature                      Emergency Phone

**We need your help as a chaperone.**

Please check dates that you can assist. If you check the date, we will count on you to attend.

\_\_\_\_ March 23    \_\_\_\_ April 1    \_\_\_\_ April 13    \_\_\_\_ May 4    \_\_\_\_ May 11

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_