# **Coonley Elementary School**

# **Parent/Guardian’s Permission Form for Student Travel**

**To:** Mr. Zurawski

Principal, Coonley Elementary School

**Re:** Indiana Dunes Learning Center @ 700 Howe Rd Chesteron, IN 46304

**Date**: Monday March 16th- Wednesday March 18th

**Depart Time:** 9am

**Return Time:** 1:30pm

**Cost:** $186

\*Please visit the Coonley website if you have not yet paid and would like to pay online and include your confirmation number\*

Cash/Check \_\_\_\_\_ epay\_\_\_\_\_\_\_ (Conf. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)-

**I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in this student trip, and authorize the chaperones on this trip to act for me in the event of an emergency, accident, or illness involving my child/ ward. Chaperones will be provided in accordance with the Board’s Student Travel Policy. Students are expected to arrive at Coonley by 8:30 am to travel by bus to Chicago History Museum. Students will return to Coonley at approximately 1:30pm.**

**Parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Type or print name)**

**Day Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Night Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child/ward have any medical needs that school personnel should know about during this student travel trip? If so, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**