



Fall Field Trip on 10/28/21

RETURN FORM TO ADVISORY TEACHER BY 10/13/21

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| <i>Date</i> | Thursday, October 28 th , 2021 | <i>Time</i> | Depart Delta at 8:30 am; Trips return at various times (3 pm – 6:30 pm) |
| <i>Location</i> Students will attend one of the four trips listed which include college, career, & trade tours | <ul style="list-style-type: none"> • WSU Pullman (return 6:00 pm) • CWU (return 4:30 pm) • Walla Walla Community College (return 3:00 pm) | | <ul style="list-style-type: none"> • WSU Tri-Cities & Columbia Basin College (return 3:00 pm) |
| <i>Cost</i> | None | | |
| <i>Transportation</i> | Charter Bus or Pasco School District Bus | | |
| <i>Agenda</i> | Varies by trip *Please make note of trip return times* | | |
| <i>Notes</i> | <ul style="list-style-type: none"> • Students will load buses at 8:30 am <u>Please report to your advisory teacher promptly at 8:30 am</u> • Lunch can be purchased on trip or student can bring lunch from home. If a sack lunch is needed, please order through advisory or Mrs. Hoppe by Monday, 10/11/21 • All Students must wear closed toe shoes fit for walking long distances and long pants • All students must adhere to Delta behavior expectations & dress code on field trips | | |

Parent/Guardian: Sign below and return lower portion to school. Keep the above information for your records

I give permission for my student, _____ to attend the field trip on Thursday, 10/28/21 at various college locations.

I also give consent for my child to receive medical treatment if deemed necessary in my absence.

Print Parent Name _____ Phone # _____

Parent Signature _____ Date _____

Alternate Emergency Contact _____ Phone # _____

Name Primary Physician _____ Phone # _____

Please list any serious allergies and or medical conditions for your student:

Print Student Name _____ Student Cell # _____