



PARENT APPROVAL FIELD TRIP FORM

F 260-3

The information on this form is collected pursuant to the FOIP Act, Sections 33(c), 39 1(b) & 40 1(c) to be used to organize and coordinate a school field trip.

SCHOOL INFORMATION: School Name: NELSON HEIGHTS SCHOOL
Staff Member/Supervisor in Charge of Trip: MR. M. GILLIS, MR. WHALEY

FIELD TRIP INFORMATION:

TRIP DESTINATION (Include overnight details if required): MURIEL LAKE MD PARK, BONNYVILLE, AB
TRIP DATE(S): THURSDAY, OCTOBER 4, 2018
CLASS(ES) or GRADE(S) INVOLVED: SELECTED GRADES 5, 6, 7 AND 8 STUDENTS
TEAMS INVOLVED: _____
PURPOSE OF TRIP: EXTRA CURRICULAR
CHARGES TO STUDENT: FIFTEEN (\$15.00) DOLLARS (Check method of payment below) _____
_____ PAID THROUGH SCHOOL CASH ONLINE, Receipt # _____
_____ PAYMENT ATTACHED: CASH OR CHEQUE

Please note, SchoolCash Online is the preferred method of payment for Northern Lights Public Schools:
<https://www.schoolcashionline.com/>

RISK DETAILS: Risks associated with highway travel, running on uneven terrain, tripping, falling, weather conditions, road conditions, insect bites.

SUPERVISION DETAILS:

Number of Supervisors to be taken on trip: TWO (2)
Contact Number for Supervisors: 780-639-3388

TRANSPORTATION DETAILS:

Method of Transport: BUS COMPANY VEHICLE, COLD LAKE BUSES

Route Details: SEE ATTACHED MAP

Departure/Return Times: DEPART NHS AT 8:30 a.m. RETURN TO NHS AT 2:30 p.m.

PARENT APPROVAL for:

STUDENT NAME: _____

NOTE: Parents must have ultimate authority in approving whether or not their child (if under the age of 18 years old) goes on the trip.

_____ I approve of my son's/daughter's attendance on this field trip and the planning regarding this trip.

_____ I am prepared to volunteer for this trip as a supervisor.

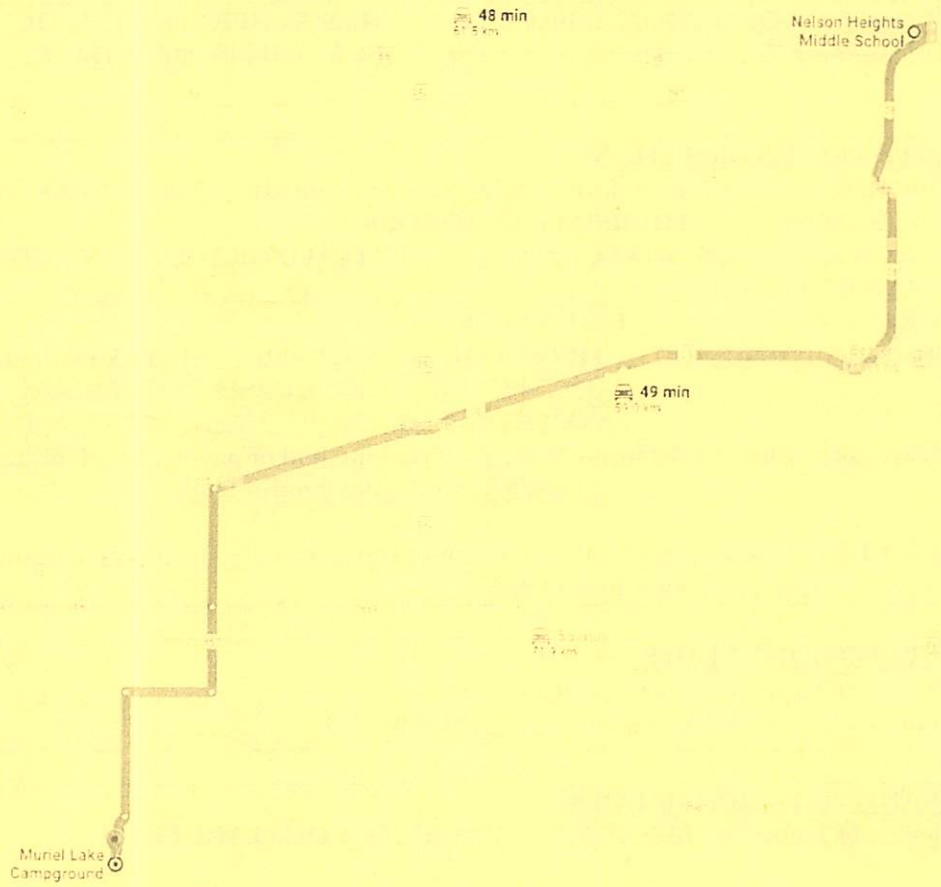
_____ Telephone Number where I can be reached on the day of the trip.

Information about my child that field trip personnel need to know for this excursion:
(Medical or other) _____

DATE _____ 20____ Parent Signature: _____

If you have any questions about the collection, use or disclosure of information collected on this form, please contact your School's FOIP Coordinator or the NLSLD FOIP Coordinator at 6005-50 Avenue, Bonnyville Alberta, T9N 2L4. The phone number is (780) 826-3145 and fax is (780) 826-4600.

MHS to Muriel LK.



Google

Map data ©2018 Google 5 km

Nelson Heights Middle School

Take 5 Ave to 8 Ave/AB-28 W

- ↑ 1. Head east on 5 Ave toward 20a St
- ↘ 2. Turn right onto 16 St
- ↘ 3. Turn right onto 8 Ave/AB-28 W
 - 📍 Continue to follow AB-28 W

- ↙ 4. Turn left onto Range Rd 50
- ↑ 5. Continue onto AB-657 W
- ↘ 6. Turn right onto Township Rd 610
- ↙ 7. Turn left onto Range Rd 52
- ↘ 8. Slight right
- ↙ 9. Turn left
 - 📍 Destination will be on the left

Continue on Range Rd 50 to your destination