

## FVDES FIELDTRIP - "WE DAY"

<b><u>When:</u></b> Tuesday September 29	<b><u>What time:</u></b> Leave Chilliwack Secondary at 6:00am	<b><u>Where:</u></b> GM Place, Vancouver
For: Grade 7 - 9 FVDES students	Transportation: Bus leaves CSS @ 6:00am Returns to CSS @ 4:45pm	Sponsor teachers: Patrick Conrad & Dennis Miller
<b>Cost:</b> No Charge	Bring your own lunch	
<b>Register by mail:</b> Send registration and consent form to FVDES, 49520 Prairie Central Rd. Chilliwack, BC V2P 6H3 <i>"Attention: Fieldtrips"</i>	<b>Call at 604-794-7310 ext. 2430 to register.</b> Consent form must be received by FVDES before the fieldtrip	<b>FAX Registration and Consent to FVDES – 604-795-8480</b> Please note that this is a Chilliwack number and may be long distance for some of you.
<b>Requirements:</b> You must register to come!	<b>Supervision to be supplied by Teachers</b>	<b>Student consent form required by FVDES before fieldtrip.</b>

### **Registration:**

**Student Name:** \_\_\_\_\_

**Student Phone:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Number of people registering for the bus:** \_\_\_\_\_

*This form along with the consent form must be received by FVDES before the fieldtrip.*

## Chilliwack School District

### Student Field Experience & Special Activities Parental Consent Form

Name of School: Fraser Valley Distance Education School Date: September 23, 2009

The Board of School Trustees requires completion of this consent form for students participating in any school field experience outside of the school and activities of a special nature held on school district property. Regularly scheduled events such as basketball games require a one-time approval only.

Educational Purpose: "An annual celebration of the power of young people to change the world."

Date: Tuesday September 29, 2009

Destination: GM Place, Vancouver, BC

Departure: 6:00am from Chilliwack Secondary School

Return: Depart Vancouver @ 3:00pm. Arrive in Chilliwack @4:45pm

Meals: Bring your own lunch.

Cost to Student:       n/a      

Sponsor Teacher:       Patrick Conrad & Dennis Miller      

Fund Raising:       n/a      

Supervision Provided by:       Patrick Conrad & Dennis Miller      

Accommodation: N/A

Parent has provided Medical Insurance for outside of BC: Yes / No / Not applicable

Medical Information: BC Medical #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Information: \_\_\_\_\_

TRISH WILLIAMS

PATRICK CONRAD & DENNIS MILLER

Principal

Sponsor Teacher(s)

I give my consent for \_\_\_\_\_ to take part in the field experience described above.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date