

**WASHINGTON TOWNSHIP PUBLIC SCHOOLS  
CHESTNUT RIDGE MIDDLE SCHOOL  
EDUCATIONAL FIELD TRIP**

A Washington Township Middle School/High School educational field trip has been planned for students. Please read the following details and conditions carefully before you sign indicating parental/guardian permission. This permission slip must be signed and returned to school by **Wednesday, December 4th, 2019.**

**Field Trip:** World Language Club- Christmas Village Field Trip  
**Teacher in Charge:** Frau (Ms.) Berry  
**Departure Location:** Washington Township High School Core Entrance  
**Destination:** Christmas Village: 1501 John F Kennedy Blvd, Philadelphia, PA 19102, USA  
**Trip Date:** Thursday, December 19th, 2019  
**Transportation:** Provided through WTBOE  
**Departure Time:** 4:00 pm  
**Return Time:** 7:45 pm  
**Field Trip Cost:** \$5.00 (pays for bus—students should bring money for dinner and shopping in the village)

Members of the teaching staff shall be considered as acting for the Board of Education in performance of their duties as employees of the Board.

The Code of Conduct in effect on school property must be adhered to off school property during a Board of Education sponsored field trip. Students who have accumulated excessive suspensions prior to the trip may be ineligible to go.

The Washington Township Public School District has established guidelines and procedures for the administration of medication while on a school trip or participating in a school sanctioned activity. If your child requires the administration of medication, please contact your school nurse to discuss the available options upon receipt of this field trip permission form.

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I hereby give permission for \_\_\_\_\_ (student name) to take the educational field trip on **Thursday, December 19th, 2019** to **The Christmas Village in Philadelphia.** I understand that I will be responsible for the transportation to and from Washington Township High School for my student.

I have read and discussed the above information with my student, and we agree to the terms of the trip.

\_\_\_\_\_  
Parent/Guardian Signature (Please print and sign)

\_\_\_\_\_  
Best Phone Number (To reach out in case of an emergency)

Any Other Medical Conditions or Concerns?  
\_\_\_\_\_  
\_\_\_\_\_

- I would like to accompany my child due to medical concerns
- I would be interested in being a chaperone for this field trip (e-mail: \_\_\_\_\_)