



STUDENTS NAME: \_\_\_\_\_

## eStem Field Trip Permission Form for 4<sup>th</sup> and 5<sup>th</sup> Grade

**Please return this permission slip and money by December 21, 2018  
(THIS DATE MUST BE AT LEAST TWO WEEKS BEFORE THE DATE OF THE ACTUAL FIELD TRIP)**

We will be attending a field trip to: The Arkansas Symphony Orchestra - "Story Time"  
Robinson Center: 426 W. Markham Little Rock, AR 72201

Date: February 8, 2019

Time: 9:00-1:00

Transportation: Walking

Student Cost: \$5

Parent Cost: \$5

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Yes, I would like to chaperone  My email/phone is: \_\_\_\_\_

Enclosed is \$ \_\_\_\_\_ (cash or check payable to the school) Check# \_\_\_\_\_

Does your child require any special medication in case of a medical emergency such as an Epi Pen or inhaler?  
 Yes  No

If so, what medicine is needed? \_\_\_\_\_

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**We will be having a picnic lunch after the performance. Please check all that apply below:**

My child WILL need a sack lunch from the cafeteria for the field trip\*\* \_\_\_\_\_

My child will either bring a lunch from home or bring money to purchase his/her own lunch \_\_\_\_\_

*\*\* If your child needs a sack lunch from school but is not enrolled in the free and reduced lunch program, you will need to ensure that he/she has enough money on their My School Bucks account to purchase a lunch at \$3.35.*

Parent Signature: \_\_\_\_\_