



HD Stafford Middle School

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Mr. S. Davids

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Principal

Administrative Assistants

Vice Principal

"Creating a unified, engaging, CULTURE OF CARE for our students."

Dear Parents:

We have planned for a school-wide field trip to Colossus Movie Theatre on **Monday October 17th**. On this field trip we will be watching the film is RISING ABOVE. It's a film that has been produced in partnership with the Canadian Red Cross, and tells the stories of Canadians who have experienced bullying and were able to rise above their circumstances and the adversity they faced. This trip is related to the Health Curriculum.

We will be travelling to our destination by school bus. We will depart from the school on Monday October 17th at 8:35 and return at 12:00. The cost for the field trip for each student is one of the following (please check):

_____ \$5.00 for the movie only

_____ \$10.00 for the movie and a snack (popcorn and pop)

We require your permission for your child to participate in this activity. Please complete the *Field Trip - Parent Permission Form* (on reverse side) and return it to the school along with money to cover the cost for your child by Friday October 14th Please contact me here at the school if you have any questions.

Sincerely,

Shawn Davids

Proud Principal, HD Stafford Middle School



LOW RISK FIELD TRIP - PARENT PERMISSION FORM

(Please return by Fri Oct 14th)

Name of student: _____ ("my child")
Name of school: HD Stafford Middle School Grade: 6 - 8
Date of trip: Monday October 17th

I have read and am informed about the proposed field trip to Colossus Theatre
on October 17, 2016. I request that my child participate in this field trip.

I understand there is a cost involved and have enclosed \$5.00 OR \$10.00 with this form.

In the event of an emergency when a family member cannot be contacted at home, please try to reach one of the following emergency contacts:

Name _____ Phone: _____

Name _____ Phone: _____

Care Card Number: _____

Medical Information Update (please include any medical or health concerns):

I, the undersigned parent or legal guardian of the above-named student, request that my son/daughter be allowed to participate in the event described above (or to the series of events listed on the back of this form).

Both my son/daughter and I understand that the Langley School District, Pupil Discipline Policy applies on all field trips. The use of alcohol or drugs and/or inappropriate student conduct may result in suspension from school. Students engaging in these behaviours are liable to be sent home at their family's expense.

Parent/Legal Guardian Signature _____ Date: _____

Student Signature _____ Home Phone: _____ Work Phone: _____