



REUTHER MOVIE NIGHT

With every great book there comes a great movie...
Please join us in watching Wonder



**ROCHESTER COMMUNITY SCHOOLS
FIELD TRIP TRANSPORTATION
PARENTAL/GUARDIAN CONSENT FORM**

METHOD OF TRANSPORTATION

District Owned or Leased Vehicles Non-District Owned Vehicles

Field trip transportation for Rochester Community Schools' students may be provided using District owned or leased vehicles, private transportation, parent/guardian drivers, or student drivers.

MEDICAL TREATMENT

If any emergency medical procedures or treatment are required during the field trip, I consent to the field trip coordinator taking, arranging for, and consenting to the procedures or treatment in the coordinator's discretion. I will pay the costs of any such medical procedures or treatment.

WAIVER OF LIABILITY

I release and waive any, and further agree to indemnify, hold harmless or reimburse the Board of Education, the individual members, agents, employees and representatives thereof, as well as field trip coordinators, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the student's participation in the trip and related activities or the rendering of emergency medical procedures or treatment, if any.

Attendees: **Reuther Middle School Students**
Field Trip Date: **Wednesday, November 29, 2017 - Students provide their own transportation**
Cost of Trip: **\$6.00 movie ticket only**
\$10.00 (includes movie ticket, popcorn, & drink) - - Cash or Checks payable to RCS

Check In: **3:15 pm** Movie Begins: **3:45 pm sharp** Movie Ends: **5:50 pm**

Field Trip Coordinator: Mrs. Knox & Mrs. Prashar

Cut here and return the bottom half to school

I hereby give permission for my son/daughter _____ to participate in the following school-sponsored field trip to Rochester Hills Emagine Theatre at 200 Barclay Circle, Rochester Hills. I understand that I am responsible for all transportation.

Check One: \$6.00 movie ticket only \$10.00 movie ticket, popcorn, drink

X Signature of Parent/Guardian: _____ Date: _____

In order to avoid delays, the theatre rep is asking for your selection ahead of time.

Please Check your Drink Selection:

Water _____ Coke _____ Sprite _____ Lemonade _____

Return Permission Slip AND the payment to Mrs. Knox (room 109) or Mrs. Prashar (main office) before school or during homeroom by Tuesday, November 21, 2017.

Please contact Mrs. Prashar at aprashar@rochester.k12.mi.us with any questions.