

FIELD TRIP PERMISSION

_____ of the ____ grade has my permission to participate in field trips planned by St. Michael's Episcopal School for the 2017-2018 school year. I hereby authorize St. Michael's Episcopal School or its representative to obtain medical aid for my child if an emergency arises when I am unavailable.

Parent/Guardian Signature _____ Date _____

Emergency Contact Phone Numbers: Cell: _____ Other: _____

DAY CARE TRANSPORTATION INFORMATION

_____ of the _____ grade is enrolled in the _____

_____ day care program. I understand the school will furnish them with a school calendar. Transportation will be furnished by the above for my child as follows:

- To school in the morning
- From school to day care in the afternoon

ST. MICHAEL'S EXTENDED DAY PROGRAM

- Before School
- After School

AFTERNOON CARPOOL

3:00 dismissal Monday - Friday

Please list riders, alphabetically, *last name first*:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

MILK ORDER

Child's Name: _____ Homeroom Teacher _____

You may order more than one item from the list. Check the items you wish your child to have for the school year. You will be billed \$120.00 per year.

- 1/2 pint skim
- 1/2 pint regular
- 1/2 pint low fat