

2nd Grade Field Trip

We are excited that the 2nd graders will be going to the Austin Aquarium. We will travel on Wednesday, May 8th and each student needs to bring a sack lunch and a drink. Please be aware that due to limited space at the Austin Aquarium, we are unable to ask for parent volunteers to help. A sack lunch from school can be provided, but we will need to know if your child needs one. Lunch slips will need to be returned on or before April 12th. The cost for each child is \$5.00, please send cash or check (payable to Jarrell Elementary). If you have any questions, please let us know. Please put lunch in a large zipper baggie instead of a lunch box to save space.

YES, my child will need a sack lunch from the cafeteria.

Name _____

No, my child will not need a lunch from the cafeteria.

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No, my child will not need a lunch from the cafeteria.

Jarrell Independent School District

P. O. Box 9 - 312 North 5th Street Jarrell, Texas 76537

Jarrell Elementary School (512) 746-2170 Fax (512) 746-2518

Dr. Bill Chapman
Superintendent

Andrea David
Elementary School Principal

PERMIT TO TRAVEL BY SCHOOL BUS/VAN

My child, _____ has my/our permission to ride via school bus/van from Jarrell ISD to (location) Austin Aquarium San Gabriel Park on May 8 at 8:30am (date) and return (date & time) May 8 at 2:00pm.

I/We realize that the purpose of the trip is to benefit the students.

I/We further realize and agree that Jarrell Independent School District, its trustees, officers and employees shall be held harmless in the event of any accident going to or from the event or while at the event. We understand that a qualified, certified bus driver will be driving the bus and that all reasonable safety precautions have been made as required by law.

I/We do hereby waive and release the Jarrell Independent School District, its trustees, officers and employees from any claim, demand or cause of action arising out of the transportation of my/our child(ren). I/We further agree to allow teachers, sponsors or other recognized school authority to seek or provide help in a medical emergency.

Dated this the _____ day of _____ 20__

(Student Name)

(Parent/Guardian Signature)

(Parent/Guardian phone number)