

The Renaissance

35-59 81st Street, Jackson Heights, NY 11372
www.renaissancecharter.org • 718-803-0060 • 718-803-3785 (fax)

Charter School

Trip Parental Consent Form

Destination/Purpose of Trip: BR Guest Inc., Long Island City		Class/es: Rensizzle Week (Culinary Careers Group)
Date of Trip: Tuesday, November 27, 2012		Cost: Free
Time of Departure: 9:30am	Time of Return: 2:30pm	Teacher/Staff in Charge: Amanda Scott & Leah Shanahan
Means of Transportation: Bus		Additional Information about Trip: Lunch will be served by BR Guest

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Please tear-off the bottom portion of this form and return to the classroom teacher

Name of Student

Destination/Purpose of Trip **Date of Trip** **Times of Departure & Return** **Classes**

Emergency Contact Person #1 **Day Cell or Phone Number**

Emergency Contact Person #2 **Day Cell or Phone Number**

I, the parent/guardian of the student named above, hereby give my permission for my child to take part in the above trip. I agree not to hold the school or any employees of The Renaissance Charter School responsible for any expenses or injuries that may incur while engaged in the trip. I agree that in the event of an injury that the teacher in charge of the trip may act on my behalf in obtaining medical treatment for my child. I have indicated on the back of the form any permanent or temporary condition which should be known about my child.

If needed, I am available to chaperone on this trip.

I do NOT wish my child to attend this trip.

For High School Students Only:

- My child may return home unescorted.
- My child is to be escorted to the subway but may exit at his/her stop.
- My child is to be escorted back to school.

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date