

AP Seminar Class Field Trip to see

Les Miserables

Providence Performing Arts Center 220 Weybosset Street Providence, RI 02903

TRANSPORTATION:

Departure: Students will depart from the Good Shepherd Methodist Church parking lot located at 471 Main Street, Haverhill, across the street from the Temple at 4pm on September 21 to drive to Providence Performing Arts Center to see the show. The students will be transported by BCA vans and chaperone-driven personal vehicles.

Return: Students will return to be picked up at the same location by midnight on the same day, and will be excused from attending school the following day for the field trip day as the performance of Les Miserables is their scheduled field trip.

CHAPERONS: Alexander Burgess, Jessie Robie, Brian Inderlie, and his wife Joy Inderlie. You may contact Brian Indrelie on his cell 978-335-4505 with any issues or concerns during the fieldtrip.

COST: The cost for the trip is \$28.00, which will cover the tickets and travel to and from the location. Students are also encouraged to bring either a bag dinner or money for fast food along the way to Providence.

Prov	vidence. 		
Med	dical & Emergency Care Information		
	Student Name	Date of Birth	Grade
	Address		
	Parent / Guardian Name		
	Parent / Guardian can be reached on the days of the field trip at the following phone number(s):		
	1)	2)	
Med	dical Information		
	Check all that apply:		
	None		
	Allergic to:		
	Significant medical conditions and		

Name of medication and Dose:	Time to be given:		
If taking medication on the field trip you must check on	e below:		
Parent / guardian will deliver medication from home	Parent / guardian will deliver medication from home supply to the school		
Teacher should obtain this medication from my ch	nild's supply kept by the school		
I, the parent/guardian, authorize the school administrator to di	rect members of the school staff to		
assist/supervise my child in taking the mediations listed above	e, and I agree not to hold liable, any member		
of the school staff or an individual of official capacity who is d	lirected by me and the school administrator		
to assist my child in taking said medication. I understand that a	a chaperone, teacher or other responsible		
adult designated by the principal may carry my child's medicat	tion. In the event of an emergency serious		
illness, I request that you contact me. You have my permission	n to obtain any emergency care necessary		
to ensure my child's well-being while on the field trip.			
My child has permission to attend the field trip to see Les Mise	erables (for your child's safety, all		
information requested above must be provided in order for you	ur child to attend).		
	Parent/Guardian Signature and Date		