

# Mrs. Ekdahl LOVES the Zoo!

**Students entering 6th or 7th grade are invited to visit Binder Park Zoo with Mrs. Ekdahl!**



**Step One:** Choose your date.

- ♦ Tuesday, August 14
- ♦ Thursday August 16
- ♦ There is a **maximum of 28 students** for each date. There is a minimum of 15 students. If less than 15 sign up, the trip will be cancelled.

**Step Two:** RSVP.

- ♦ Please call the Main Office at 355-0055 no later than Thursday, August 9.
- ♦ Leave a message with your name, your child's name, grade, and date choice. You will be called back **ONLY** if there is not room on your requested date.

**Step Three:** Zoo Day!

- ♦ Check-in begins at 7:45am in the parking lot across from the front of the building on Columbia Avenue. The bus will leave BRPS at 8:00am and will return to BRPS at 5:00pm.
- ♦ Bring \$14(cash only, please), signed permission slip, sack lunch, drink, and a snack for the ride home.
- ♦ Backpacks are not allowed inside the zoo. Water bottles may be carried, but there are drinking fountains in the park. All electronic devices brought will be at your own risk. Electronic devices must be left on the bus.

**Questions? Contact Mrs. Ekdahl - Cell: (517) 648-1706 | Email: [ekdahlk@brpsk12.org](mailto:ekdahlk@brpsk12.org)**



**PLEASE TURN IN THIS FORM TO MRS. EKDAHL WHEN BOARDING THE ZOO TRIP BUS!**

Student Name: \_\_\_\_\_ Nickname (for name tag): \_\_\_\_\_ Grade: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Emergency Contact (In case you cannot be reached): \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Please include any medical conditions, medications, or additional concerns on the back of the permission slip.



I, \_\_\_\_\_, give my child permission to attend the Black River Public School field trip mentioned in the upper part of this permission slip. I understand that in case of an emergency the teacher(s)/chaperone(s) in charge will make every effort to contact me; however, if they do not reach me and my child needs immediate medical attention, I give the teacher(s)/chaperone(s) permission to act in my child's best interest.

It is our understanding that if my child breaks any school rules during this trip he/she will be sent home at our expense. Please read the student handbook for our Code of Conduct and consequences.

\_\_\_\_\_

\_\_\_\_\_

Parent / Guardian Signature

Date