



November 6, 2017

Dear LaPerche Families,

We are excited to announce that all of the children at LaPerche Elementary School will be going to the Providence Performing Arts Center (PPAC) in Providence, RI to attend a performance of the **Nutcracker on Friday, December 15 at 10:00 a.m.** Studies have shown that field trips to attend live theater boost literacy skills, cultivate imagination and curiosity, and enhance tolerance and empathy! This is a fantastic opportunity for our students to attend a top-notch, live performance. We are also excited to share that our own third grader, Sophia Tavakalian, will be performing in the show!

Due to limited seating at the theater, teachers and paraprofessionals will chaperone this trip.

We will be leaving the school at 9:00 a.m. and returning at approximately 1:00 p.m. The cost of the trip is \$15 per student. The cost includes the price of the ticket as well as bus transportation to the theater. If the cost of the trip is a financial hardship, please don't hesitate to contact Mrs. Dorsey at [jdorsey@smithfield-ps-org](mailto:jdorsey@smithfield-ps-org) or by calling her at 231-6652.

In order for your child to participate in this field trip, please sign the attached permission slip (one for each child), complete the lunch form (one for each child), and send the forms and \$15 (per student) (cash or check made payable to LaPerche Activity Fund) to school in an envelope marked "The Nutcracker" by Tuesday, November 21.

Thank you so much for your support!

Julie Dorsey

\* LaPerche is going to PPAC to see the Nutcracker!  
Cost per student is \$15.00 to cover the ticket and the bus. If writing a check, please make it out to

SMITHFIELD SCHOOL DEPARTMENT  
PERMISSION TO PARTICIPATE IN FIELD TRIP

"LaPerche Activity Fund"

Student's Name: \_\_\_\_\_

This permission has to be signed only after understanding and considering the following:

TO BE COMPLETED BY TEACHER: (1-6)

1. Trip destination: Providence Performing Arts Center
2. Date of trip: Friday, December 15, 2017  
Time of departure from school: 9:00  
Approximate time of return to school: 1:00
3. Describe any special circumstances about this activity that may be out of the ordinary, if appropriate. (For example, activity involves swimming, boating, strenuous exercise, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
4. Describe any special instructions or requirements that parents should be aware of, if appropriate. (For example, lunch, specific clothing, special equipment, etc. which may be needed)  
\_\_\_\_\_  
\_\_\_\_\_
5. Transportation:  Bus  Private  Other \_\_\_\_\_
6. Supervision: (specify #)  Teacher(s)  Volunteer Adults  
Other \_\_\_\_\_

TO BE COMPLETED BY PARENTS: (7-11)

7. Expectations and instructions: I/We understand what is expected of the student, and the student has been instructed by me:
  - a. That teachers and supervisors will make requests of the child that are aimed at protecting the child from injury and those requests should reasonably be followed.
  - b. I/We have explained to our daughter/son what risks may be involved with this activity.
8. Insurance: I/We understand that the school committee does not or may not carry any insurance relative to the trip or for injuries to the student.

\*\*\* Please check: My child is insured through one or both of the following:  
 Student Insurance  Private Insurance  Neither

(It shall not be a disqualifying factor that a student does not have insurance)  
(continued on reverse side)

**PERMISSION TO PARTICIPATE IN FIELD TRIP**

- \*9. Physical & Medical Treatment Data: I/We represent that the student is physically able to participate. However, I/we want to make you aware of the following medical or other information about the student in light of the outlined activities or in a case where a delayed return would create a medical problem:

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This information \_\_\_\_\_ does \_\_\_\_\_ does not need to be kept confidential.

Further, I/we agree that supervisors of the trip will not make emergency medical treatment decisions but rather in appropriate cases may refer my/our child to a medical emergency facility and contact will be made with me/us for me/us to make decisions concerning treatment.

- \*10. This medication may be given \_\_\_\_\_ before or \_\_\_\_\_ after trip.  
This medication may be omitted on a field trip or activity away from school.  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
Parent must supply physician approval to self/carry and self-administer a one-day's supply of medication including a controlled substance. Medications must be supplied by parent/guardian and must be stored and transported in a properly labeled container.

- \*11. Additional conditions: Because of special circumstances or otherwise, I/we wish to add the following additional conditions: \_\_\_\_\_

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Acknowledgement and Permission: I/We request that the student be allowed to participate in the trip planned and specifically consent to the student's participation. I/We acknowledge that I/we have read this Consent Form and do not have any questions about the words used or their meaning. (Second parent's signature is optional)

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

Date: \_\_\_\_\_



To: Parents and Guardians  
Subject: Field Trip Bag Lunch

From: Donna Humphries  
Food Service Director  
Smithfield Public Schools

Aramark would like to provide you the opportunity to purchase a bag lunch for a Field Trip. The price would be the same as a cafeteria lunch depending on your student's eligibly. Free-\$0, Reduced:-\$.40 or Full-\$2.70

The lunch would be include:  
A sandwich, beverage, fresh fruit & fresh vegetable

If you do wish to purchase a bag lunch please complete the form below and return three days prior to the Field Trip.

Place your money or check that is payable to: Smithfield Lunch Fund in an envelope with your child's name on it and the complete ticket below. Please address the envelope to: Cafeteria If you do not send check or money in and your student has money on their account the amount will be deducted from the account.

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**BAG LUNCH TICKET**

DATE OF FIELD TRIP—Friday, December 15, 2017

NAME OF FIELD TRIP—Nutcracker at PPAC

STUDENT'S NAME \_\_\_\_\_

TEACHER \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_ YES, MY CHILD WOULD LIKE A BAG LUNCH FOR HIS/HER FIELD TRIP.

\_\_\_ NO, MY CHILD WOULD NOT LIKE A BAG LUNCH. **He is she will bring one from home.**

**Choose one entrée**

\_\_\_ #1-Ham & Cheese    \_\_\_ #2-Deli Turkey    \_\_\_ #3-Sunny Butter & Jelly Sandwich

**Choose one from each column**

\_\_\_ Low fat Choc. Milk                      \_\_\_ carrots sticks                      \_\_\_ apple  
\_\_\_ 1% White Milk                              \_\_\_ celery sticks                        \_\_\_ orange