



Troy Union Elementary 1340 E. Square Lake Rd. Troy, Michigan 48085 248.823.3100, (FAX) 248.823.3113

Mr. David Pass, Principal

Dear Troy Union Families,

We are so fortunate to be able to create a wonderful memory as a school! On Monday, May 12<sup>th</sup>, our whole school will be going to see the live performance of, *Charlotte's Web* at the Macomb Center for Performing Arts. In each of our classroom's we will have read the novel prior to the performance.

Your child will ride on a bus with his/her class to see the performance. We will then return back to school to have lunch. We will be gone from Troy Union from 9:10-11:45 a.m. The cost of this trip is \$15.00 which includes the theater ticket and the transportation to and from the theater. Advance payment is due for the tickets so we ask that payment and the permission slip be returned to school by **Friday**, **February 28**<sup>th</sup>. The permission slip is attached to this letter. **Please send cash only**. As all teachers are attending this field trip, there will be no chaperones needed.

Limited scholarships are available for this field trip. We would like all children to be able to attend. Please notify your child's teacher if financial aid is needed. We look forward to a fun day!

Sincerely,

The Troy Union Staff



## TROY, MICHIGAN

## PARENTAL CONSENT FOR INDIVIDUAL FIELD TRIP

T	o: Parent/Legal Guardian of Troy School Dis			
P	lans have been made for your son/daughter t	elow:		
	Date and Time: Monday, May 12th 9:10 -			11:45 am
	Destination: MACOMO CO	rmin	a Arts	
aı	nd returning to school at approximately	11:45 am	_o'clock.	J
Т	ransportation will be:	Food Arrangements:	Costs:	
1	In a Troy School District bus	□ None	Adm	nission \$15.00
_	In a private car driven by volunteer drivers	☐ Bring lunch	/	sportation
	In a chartered bus	☐ Items may be purchased		cellaneous
	Walking			
This field trip is not a requirement for the course and will not reflect in the grading or evaluation student. Attendance at this trip is option; and, if the trip is scheduled during regular school hours, or educational activities will be provided at school for children who do not participate in the field trip.				
C	In the tear-off section, indicate your wishes re	egarding your child's participat	ion in this	activity.
•	Classroom Teacher in Charge		Feb	. 28, 2014
Date				
Please return this portion to the school.				
		Date of Repl	ly	
	☐ I give my permission for			
		MARINE STATE		
to attend a field trip on traveling				7
	☐ I do not give my permission for			
	to attend a field trip.			
Signature of Parent  EMERGENCY MEDICAL AUTHORIZATION  During the course of the above-described, school-sponsored activity, if I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed above and to do all other necessary things as I might or could do to provide for the child's health and safety if I were present.				
				rovide any required surgical intervention, if
I	Date: Signature of Par	rent:		
F	form: 73-24			