



James B. Sanderlin PK-8 IB World

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November 26, 2018

Dear 2nd Grade Families,

The 2nd grade is planning to go to Mahaffey Theater on **Wednesday Jan. 23, 2019** to see "Your Alien". Part of this learning experience is to make connections to our Units of Inquiry and practice our Social Skills through a real-world experience. We consider this learning experience vital in helping our students become universal citizens. This will replace our previously scheduled trip from Nov. 12th.

The cost for the 2nd grade to attend this trip is \$354.40 or roughly \$6.50 per student. We are accepting donations to help offset the expense to our school. We recognize that contributing the full \$6.50 may be difficult for some families. Please contribute as much as you are able. If you are in the position to contribute more than the cost of a single student, we would appreciate the support. We may accept cash, money order or a check made payable to **James B. Sanderlin PK-8 School**. All previous donations from the Nov. 12th trip have been saved for this trip.

If we collect more funds than are needed, the extra funds will be used for future school field trips. If we are unable to collect enough money for the entire 2nd grade to attend, we may have to cancel the trip. **If you are unable to donate, your child's grades will not be affected in any way, nor will your child be denied the opportunity to participate in the program.** We appreciate any donation and it is considered a tax-deductible donation. If you would like a receipt for your donation, please let us know that **at the time you send in the donation** and one will be sent home with your student.

If you wish to chaperone this trip, please fill out the request below. We are limited to 3 chaperone per class. **The cost for chaperones to attend is \$5.00.** In addition, please complete the lunch form below to let us know how your child will receive lunch so we can pre-order from the cafeteria.

Please return field trip forms as soon as possible. All field trip forms and donations must be collected by **Wednesday December 18th**. **No late permission slips will be accepted!**

Thank you for your continued support of our school and students!

.....
Student Name: _____

I wish to chaperone: Name: _____

Phone number: _____

My child will have: _____ *Home Lunch* _____ *School Lunch*

Amount Donated: _____

_____ *I don't need a receipt* _____ *I would like a receipt*

**PINELLAS COUNTY SCHOOLS
FIELD TRIP/ACTIVITIES PERMISSION FORM**



School James B Sanderlin PK-8

I (We) hereby grant permission for _____ to participate
Student Name
 In a field trip/activity to Mahaffey Theater on 1/23/19
Location Date
 and to make authorized or emergency stops as necessary.

All permission slips and money must be turned in to the classroom teacher no later than 12/19/18 for the student to be included on the trip.
Permission slips will not be accepted after the date above so that we can properly plan for this educational experience.
 Thank you for your support and understanding.

Students will be traveling in the following manner:
 Walking School Bus Commercial Carrier Bus
 Private Passenger Vehicle with:
 District Employee Driver Volunteer Driver
 Student Driver*
 Time of Departure (approx.) 1030 Time of Return (approx.) 1220

Students must travel to and from the trip with their class. They will leave from the school and return to the school unless otherwise stated.
Chaperones: Thank you for volunteering. Siblings, other family member, and/or animals may NOT attend the trip – please make other arrangements. Students may NOT be signed out for early release after the trip as we return and continue to “grow brain”. Any student signed out will be recorded as an unexcused early release.

- 1) I authorize school representatives to obtain medical treatment for my child, which includes required emergency transportation, in case of serious illness or injury and agree to pay for such treatment.
- 2) I understand that the trained school employee who usually dispenses medication may or may not be present during this trip. Medications will be dispensed by a responsible staff member.
- 3) I have documented below all precautions/instructions regarding my child’s medication. I have noted any special health-related conditions or allergies regarding my child.

4) All provisions of the student code of conduct apply to field trips and activities. To ensure student safety and compliance with the student code. I agree that my child’s luggage, belongings, and rooms (where applicable) may be randomly searched for contraband.

If the Field Trip is to a District or non-District site where students will have the opportunity to touch and hold animals, please complete the following:
 Your child will have the opportunity to touch and hold captive animals during this field trip. Please check one space below to indicate your approval or denial.
 YES, my child may touch and hold the animals NO, my child may NOT touch and hold the animals.

*From time to time, students may be allowed to drive other students to and from field trips or activities on a case-by-case basis, and only with administrative approval.
 I agree/ I do not agree (check one) to allow my child to ride with another student.

Signature of Parent/Guardian	Phone (Home)	Phone (Work)	Phone (Cell)
Alternate Emergency Contact	Phone (Home)	Phone (Work)	Phone (Cell)
Date			