

IUP EDUCATION FIELD TRIP PERMISSION FORM

Field Trip Details

What	EDUCATION DAY at I.U.P. Crimson Hawks Women's Basketball Game IUP vs. Pitt-Greensburg
Location	Indiana University of Pennsylvania Kovalchick Convention and Athletic Complex
Date	Monday, November 9
Time	Students will be departing from the school at approximately 10:00 am and return back to the school at 1:45 pm.
Cost	FREE
Important Notes	Permission slips must be turned in by Thursday, October 29 th .

What to Bring

☒ LUNCH

Students may bring a *bagged lunch from home*
or *purchase a bagged lunch* from our cafeteria.

School Lunch will include:

Yogurt Meal or PB & J Meal
Baby Carrots w/ Ranch Dip
Fresh Fruit
Chocolate Chip Cookie
White or Chocolate Milk

Bagged Lunches from Home

A bagged lunch from home should be labeled
on the outside with your child's name and
his/her teacher's name. All containers and
utensils should be disposable. Please do not
send glass bottles/jars/anything breakable.

☒ MARION CENTER T-SHIRTS

Please wear Marion Center T-shirts!

Cut off bottom portion of permission slip and return to your child's teacher by Thursday, October 29th.

I give permission for my child, _____, to attend the IUP Education Day Field
Trip to the Kovalchick Convention and Athletic Complex for the women's basketball game.

Emergency Information

In case of emergency, please contact:

Name/Relationship

Phone

Special Instructions:

Parent/Guardian Signature

Date

PLEASE REMEMBER TO RETURN THE ATTACHED LUNCH FORM.

MARION CENTER AREA SCHOOL DISTRICT NUTRITION SERVICES

An exciting event this school year is your child's trip to the IUP Basketball game on November 9th. Make this trip worry free and reserve a tasty, nutritious, FREE school-packed lunch for your child.

Each school-packed lunch meets standards set by the USDA for school lunches and consists of:

Yogurt Meal or Peanut Butter & Jelly Meal

Baby Carrots w/ Ranch dip

Fresh fruit

Chocolate Chip Cookie

White or Chocolate Milk

Please complete the form below and return to your child's homeroom teacher no later than October 29th.

Please return this form to school no later than October 29th.

Student's Name _____

Grade _____

Teacher _____

Please circle meal choice: Yogurt Meal OR PB & J Meal

Please circle drink choice: Chocolate Milk OR White Milk

If your child has a food allergy, please list it here: _____

Check here if your child will pack a lunch from home and does not need a school lunch _____

Parent/Guardian Signature: _____ Date _____