



Lester B. Pearson High School
La Ronde Day
Junior Permission Form



May 7th, 2018.

Dear Parents/Guardians,

With the last day of the school year around the corner, it would be great to have a last day of fun together at La Ronde to celebrate a great year coming to an end. The details of the La Ronde day are listed below:

When: Thursday, June 7th, 2018.
Where: La Ronde Amusement Park
Time: 8:30am
Cost: **\$35** (Lunch and transportation incl.) **OR**
\$10 (transportation ONLY with your season pass, no lunch incl.)

The students are expected to arrive at LBP at 8:30 am and leave by chaperoned buses to La Ronde. The buses will depart La Ronde at 5:00 pm and arrive at Lester B. Pearson between 6:00-6:30pm (depending on traffic).

All students who are interested in attending this outing must complete the bottom portion of this permission slip and bring it back to school along with their **CASH** payment on **Thursday, May 10th, 2018**. We will be collecting during lunchtime in the plaza. The deadline for all payments is May 24th, 2018. The bottom portion of the slip must be completed by a parent or guardian and **must include all required information.**

Please do not send notes, make telephone calls or otherwise ask us to leave students behind. All students MUST return to school on their assigned bus.

Please be reminded that for everyone’s safety, all students will be expected to adhere to the following:

- (1) La Ronde rules/regulations
- (2) Bus regulations
- (3) Respectful and courteous behavior towards all adults and peers
- *If a student fails to follow any of these regulations, he/she will be asked to leave and to be picked up by his/her parents at La Ronde
- **Please be advised that Lester B. Pearson High School is not responsible for accidents or loss of belongings.

In order for this activity to take place, we require a minimum of 250 students participating. If not, June 7th will be a regular school day.

THANK YOU! WE ARE LOOKING FORWARD TO A GREAT DAY!

✂ -----

STUDENT NAME: _____ (please print)

LEVEL: _____ (check one) \$35 _____ or \$10 _____

MEDICARE NUMBER: _____

PARENT NAME: _____ (please print)

PARENT SIGNATURE: _____

EMERGENCY PHONE NUMBER: _____