**Family and Consumer Sciences**

**8th Grade Chefs**

**Food Network Permission Letter**

Dear Parents,

The 8th grade Chefs Class is planning a trip to The Food TV Network on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.** Students will take a guided tour and get a behind the scenes look at both the TV production and food aspect of the Food Network. Students will need to bring their lunch and have the opportunity to buy a snack if time allows. We will have five chaperones for the trip and travel by school bus. The cost for the trip is $25. If your child is interested in participating please fill out the permission slip below and return it along with the $25 by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If paying by check, make checks payable to ***Great Neck South Middle***. Thank you.

Mrs. Stefandl

Department Chair

 Family and Consumer Sciences

***Trip Checklist***

* Trip fee $25 (Check payable to Great Neck South Middle)
* Snack money if desired
* Permission slip signed
* Brown bagged lunch labeled with name (plastic bottles only)
* Student cell phone # (emergency use only)
* Parent cell phone #
* Discuss with teachers how to make up work prior to trip

***Please tear off and return***.

**Parental Permission Slip**

**I, the undersigned parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**give permission for him/her to participate in a school sponsored trip to The**

**FOOD NETWORK located at CHELSEA MARKET, 75 NINTH AVE. NY, NY on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_by School Bus.**

**Time Leaving School 8:45 a.m. Approximate Time of Return 2:30 p.m.**

**Student cell phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent cell phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*\* IMPORTANT ARE THERE ANY MEDICAL CONDITIONS CONCERNING YOUR CHILD THAT WE NEED TO KNOW? NO\_\_\_\_\_\_\_\_\_\_\_ YES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Legal Guardian**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_