


Middle School/High School



Thursday, April 19, 2018

 \$30 per person (non-refundable)-- Includes pizza and drink

Amazing Escape Room Cherry Hill

2050 Springdale Rd Suite 200 • Cherry Hill, NJ 08003

Any questions? Contact Ellen at [ebates425@gmail.com](mailto:ebates425@gmail.com)

Schedule:

Early dismissal from school

12:00-- Pizza in the Music Room

12:30-- Leave for Escape Room (promptly!).

Kings will offer busing.

1:00 - 2:00-- Game time!

2:00-- Parents pick up at location

**\*\* Students will NOT be bused back to Kings! \*\***

**NOTE:** All students attending must have a signed permission slip (whether they are driving themselves or not).

## Amazing Escape Room! April 19, 2018

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please turn in your permission slip, money, and this form to your homeroom teacher. Last day to purchase is Thursday, March 22<sup>nd</sup>

Yes, I will be riding the bus.

No, I will drive myself

If you wish to pay by credit card or PayPal, visit <https://paypal.me/tkcsptf> and indicate "Escape" on your transaction. Permission slip must still be turned in!



# The King's Christian School Special Event Permission Form

Last Revised: Nov 4, 2011

## INFORMATION

LAST NAME (STUDENT)

FIRST

GRADE

TEACHER or FIRST PERIOD HOMEROOM

Field Trip

Activity

**PTF**

Fundraiser

Service Project

LOCATION

DATE OF TRIP

**The Amazing Escape Room**

**04.19.18**

PURPOSE OF TRIP

**Fun for Middle School + High School**

PERSONNEL IN CHARGE

**PTF :**

DEPARTURE TIME

APPROXIMATE RETURN TIME

**12<sup>30</sup> P.M.**

**Parents pick up @ Escape Room 2 p.m.**

MEANS OF TRAVEL

COST OF TRIP

\$\$ DUE

**Bus**

**Event cost: \$ 30 includes pizza, bus, game**

SPENDING \$\$

ARRANGEMENT FOR MEAL(S)

**-**

**-**

DRESS CODE SPECIFICATIONS

**- School uniform -**

SPECIAL RULES TO FOLLOW

**\* Students driving themselves must still submit form \***

SPECIAL ITEMS NEEDED

PLEASE REVIEW THE INFORMATION ON THIS  
SIDE, COMPLETE THE FORM ON THE OTHER SIDE  
AND RETURN NO LATER THAN . . .

# PARENT/GUARDIAN PERMISSION TO PARTICIPATE

**PLEASE READ EACH OF THE BELOW STATEMENTS:**

Permission to participate in a field trip/off-site trip is given in accordance with the policies and procedures of TKCS. Attendance on this trip is a privilege, which may be revoked if the student is not prepared for the trip and/or does not comply with the policies and procedures of TKCS, the supervising personnel, and the organizations being visited/utilized. Parents are expected to make travel arrangements and pay expenses if a student needs to be returned to school for disciplinary or health reasons.

TKCS cannot accept handwritten notes, phone calls, verbal permission or other substitutes in lieu of this form. Students who do not return the completed form on time will not be permitted to attend.

I/We have written below any special medical or special needs for our son/daughter, and do authorize TKCS personnel, or designee, to administer any below medications.     \_\_\_ N/A                     \_\_\_ YES

Medical/Special Needs (Please include Allergies)	Does This Condition Require Medication? (If "Yes" please list and then send printed instructions regarding dosage amounts and frequency with the medication in a sealed bag marked with the student's name)
	Yes ___    No ___
	Yes ___    No ___
	Yes ___    No ___
	Yes ___    No ___

\_\_\_\_\_

FATHER/GUARDIAN'S SIGNATURE
DATE
FATHER/GUARDIAN'S PRINTED NAME

\_\_\_\_\_

FATHER/GUARDIAN'S HOME #
FATHER/GUARDIAN'S CELL #
FATHER/GUARDIAN'S WORK #

\_\_\_\_\_

MOTHER/GUARDIAN'S SIGNATURE
DATE
MOTHER/GUARDIAN'S PRINTED NAME

\_\_\_\_\_

MOTHER/GUARDIAN'S HOME #
MOTHER/GUARDIAN'S CELL #
MOTHER/GUARDIAN'S Work #

