

ELIZABETH CITY STATE UNIVERSITY

1704 Weeksville Road Elizabeth City, NC 27909

June 16, 2014

Dear Parent/Guardian,		
On Friday, June 20, 2014 your child,		, will be attending a field trip to the
Virginia Aquarium & Marine Science Mus	seum in Virginia Beach	, VA. The van will be leaving Lane Hall
on the ECSU campus on at 7:30 am and return	rn at approximately 5:00	pm . This field trip is a part of the
CReSIS Middle School Summer Program and	d lunch will be provided	•
All students taking this field trip must have a permission slip on file prior to each trip. <u>No child will be able to take this field trip unless this form is signed and returned.</u> Please complete the form below.		
Thank you for your assistance!		
PERMISSSION SLIP	•••••	•••••••
I give do not givepermission for my child,		, to attend the field trip to
the Virginia Aquarium & Marine Science	Museum in Virginia Bo	each, VA. on Friday, June 20, 2014.
Parent/Guardian's Name (Printed)		
*Parent Signature	Date	
Parent Phone Numbers (Home)	(Work)	(Cell)
Any known allergies or medical problems		
	Phone	

Center of Excellence in Remote Sensing Education and Research
Department of Mathematics and Computer Science
Tel: (252) 335-3977 Fax: (252) 335-3790 Email: djohnson@mail.ecsu.edu
Campus Box 672