

ELIZABETH CITY STATE UNIVERSITY

1704 Weeksville Road Elizabeth City, NC 27909

Dear Parent/Guardian,		
On Monday, June 22, 2015 your child,		, will be attending a field trip to the
Virginia Aquarium & Marine Science Muse	eum in Virginia Beacl	a, VA . The van(s) will be leaving Lane
Hall on the ECSU campus on at 7:30 am and r	eturn at approximately	5:00 pm. This field trip is a part of the
CReSIS Middle School Summer Program and	lunch will be provided	
All students taking this field trip must have a p take this field trip unless this form is signed an		
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 M	Iuseum in Virginia B	each, VA. on Monday, June 22, 2015.
Parent/Guardian's Name (Printed)		
*Parent Signature		Date
Parent Phone Numbers (Home)	(Work)	(Cell)
Any known allergies or medical problems		
**Emergency Contact		Phone

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