



ST. FRANCIS DE SALES  
 4 ROSS ST.  
 SMITHS FALLS, ON  
 K7A 4L5  
 SUSAN FORBES, PRINCIPAL  
 SCOTT RENAUD, VICE-PRINCIPAL  
 613-283-6101

February 4<sup>th</sup>, 2019

Dear Parents/Guardians,

The Grade 1 Immersion, Grade 1/2 Immersion, Grade 2 Immersion and Grade 3 Immersion classes will be partaking in an outdoor adventure at Winterlude (Jacques-Cartier Location). Parents are welcome to attend as there will be lots of additional space on the bus. If you are interested in chaperoning please indicate below (we do however ask that siblings big and small stay home). It is imperative that your child is dressed appropriately as this is an outdoor event.

DETAILS	
<b>Location</b>	Winterlude (Jacque Cartier Location)
<b>Date</b>	Tuesday February 12 <sup>th</sup> , 2019 (if buses are cancelled due to Inclement Weather the trip will be rescheduled to Wednesday February 13 <sup>th</sup> )
<b>Time</b>	9:10 am departure; 3:00 pm return
<b>Transportation</b>	Bus
<b>Cost</b>	All costs have been covered by an Outdoor Education Grant.
<b>Notes</b>	Please arrive at St. Francis by 8:55 a.m. so we can promptly load the bus

WHAT TO BRING
Bagged Lunch- In order to take full advantage of our day, please do not send money for snacks or lunch as the lines are often very long.
Water
<b>Helmet</b> , Snow Pants, Neck Warmer, Water-Proof Mittens, Toque and Winter Boots
Extra socks/mittens
A desire to use French vocabulary throughout the day!
A positive attitude & great manners

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I give my permission for my child \_\_\_\_\_ to travel by bus to Winterlude on February 12<sup>th</sup>.

I am interested in chaperoning the field trip (please indicate): YES / NO Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Payment type: (circle one) FREE OF CHARGE

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the event that an emergency situation arises which, in the opinion of the attending physician requires an immediate decision and I cannot be reached, I authorize the teacher supervising the trip to make decision of a medical nature on behalf of my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_