

New Kent County Schools: DINING ETIQUETTE LUNCHEON FIELD TRIP PERMISSION FORM

Destination:	The Trojan Grill , Aspengraf Lane, New Kent, VA,	Teacher Name:	Peggy Spiak
Departure:	03/05/2019 10:50:00 AM	Return:	03/05/2019 12:30:00 PM
Mode of Transportation:	Yellow Bus	*EVENT OVERVIEW*	
Additional Information:	<p>"Table Talk Dining Etiquette Luncheon" provides an opportunity for students to gain an invaluable life skill, basic dining etiquette! For \$25, students receive a three-course lunch and etiquette coaching from Kathleen Powell, the Associate Vice President of Career Development at the College of William & Mary.</p> <p>To register students must submit this Field Trip form and cash, check, or online payment of \$25 to the Main Office for Mrs. Spiak. Space is limited, so don't wait until the Feb. 15 registration deadline. Refunds will only be issued if the trip is cancelled due to insufficient registrations. If there is bad weather, another date will be chosen.</p> <p>Once payment and the permission form are received the student must check Schoology for an email where he/she will select food preferences from the options given. All communications about the event will be done via Schoology. Questions?-Contact Mrs. Spiak-pspiak@nkcps.k12.va.us</p>		

Please fill in the bottom portion and return to school with any payment indicated above

(Student Name) _____ has my permission to participate in the Field trip to (Destination) **Trojan Grill for "Table Talk: Dining Etiquette Luncheon"** on (Date) **Tues., March 5**. I further authorize NKCPs staff members to take necessary steps to provide emergency medical care for my child, should the need arise. I understand that all NKCPs student rules and regulations apply for the duration of this trip. I also understand the bolded information listed above in regard to cancellations, postponements, and refunds.

Name of Student: (Please Print)			DOB:
Name of Parent/Guardian: (Please Print)			
Parent/Guardian Physical Address:			
Parent/Guardian contact numbers: (home):	(h):	(w):	(cell):
Alternative emergency contact name:	Relationship to child:		
Alternate emergency contact phone #'s:	(h):	(w):	(cell):

Health Insurance Information (including company and policy/group information): _____

Medical Information and Release

Please list any special medical needs for your child:

Student fee amount enclosed \$ 25 -OR- Check here if paid online

Parent/Guardian Signature

Date