

# 8th Grade Students 4th Annual Good Hope Middle School Hershey Park Trip

**WHEN:** Friday, June 1, 2018

**COST:** \$20 per student and must be purchased in advance to attend. Season pass holders: ***The PTO will purchase a meal ticket for each student who will use their own pass.***

**DEADLINE:** We must pay ahead to reserve the tickets, so a signed permission form and money are due in the school office by Friday, May 18, 2018.

**COST:** \$20 per student and is payable to Good Hope Middle School PTO and must be purchased in advance to attend. Season pass holders: ***The PTO will be purchasing a meal ticket for each student who will use their own pass.***

**Please return this form and money to the office by Friday, May 18, 2018.** A signed form must be turned from all attending students in order for your child to receive their ticket. (We need to know you are going for a proper head count and for bus assignments.)

If you have any questions please contact: Denyse @ [denysemiskin@gmail.com](mailto:denysemiskin@gmail.com) or visit the Good Hope Middle School PTO Page for additional Q's and A's Section.

I give my daughter/son \_\_\_\_\_, Home Room # \_\_\_\_\_ permission to attend the GHMS PTO partially sponsored field trip to Hershey Park on Friday, June 1, 2018. I give the PTO chaperones permission to act on my daughter's/son's behalf in the event of an emergency. The staff from Hershey Park will handle all medical emergencies.

My daughter/son needs help in taking regular medication:

☐ Yes

☐ No

Time student should be reminded to take medication:

	am		am
	pm		pm

My child has these allergies:

My daughter's/son's cell phone number to be carried on the trip: \_\_\_\_\_

**Check One:** ☐ Student Attending (purchasing ticket) \$20 check enclosed \$ \_\_\_\_\_

☐ Will use my own Season Pass and receive Meal Pass from PTO

Parent/Guardian Signature \_\_\_\_\_

PRINT Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Contact Email \_\_\_\_\_

I would like to Chaperone, please contact me - Print Name \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

