

PERMISSION SLIP
To see

Cinderella

By the Hot Springs Children's Dance Theater Company

Your child has been selected to join a group of students to see the Hot Springs Children's Dance Theater Company's production of *Cinderella*. To take advantage of this opportunity, please read this form, sign, and return it to _____ by _____.

(Instructor)

(Date)

Field Trip Information

Date: Thursday, May 19, 2022, at 10am.

Location: LakePointe Church, 1343 Albert Pike Road, Hot Springs Arkansas 71913

Purpose: To see the Hot Springs Children's Dance Theater Company's production of *Cinderella*.

Cost: \$10.

Means of Transportation: We will ride as a group on a school bus.

Leave school: _____ **Arrive back at school:** _____

Lunch: We will eat: _____.

Indicate the type of lunch your child will be having (check one):

I will provide a sack lunch for my child that includes a drink (no glass please).

My child will eat a sack lunch purchased from the school. My school lunch # is _____.

(Child's Name) _____ has permission to attend a field trip to see *Cinderella* at LakePointe Church in Hot Springs on Thursday, May 19, 2022.

I give my permission for (child's name) _____ to receive emergency medical treatment. In an emergency, please contact:

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____