

Eagleside Elementary 5th Grade

Garden of the Gods



1805 N. 30th St. Colorado Springs, CO 80904

When: Tuesday, December 6
Departing School @ 8:45 am
Returning 1:00 pm (leaving the park at 12:30)

Cost is \$2 per student (parents - 2\$ suggested donation)
Students bring their lunch, **water**, and dress in layers
A small backpack is preferred, students will carry their lunch so pack lightly!

Please, **no children that are not students** and no pets on the field trip.

We will experience the unique geological majesty of the Garden of the Gods as we cover rock types, geological processes, rock layers and formations experienced in the Park. The program includes hands-on activities in their newly renovated Visitor and Nature Center's geology gallery and a 15 minute film *How Did Those Red Rocks Get here?* We will also be led on a 45 minute walking adventure in the Central Garden to experience the power and wonder of geology firsthand.

Please return money and the attached permission slip with **BOTH SIDES** completed to teacher by Wednesday, November 30. Keep this page for your information.

Please return this page completed (front and back) to your teacher with the money no later than Wednesday, November 30. Thank you!

Field Trip Information

School: Eagleside Elementary

Teachers: Jenkins, King, Ross, Sueppel, Williams

Location: 1805 N. 30th St. Colorado Springs

Date: 12/6/2016 TUESDAY

Cost: \$2.00 Entrance Fee

Departure Time: 8:45 am

Return Time: 1:00 pm (depart GOG @ 12:30)

Student Name _____

Phone Number _____



Total Number of Students @ \$2.00 each _____

***Total Number of Parents @ suggested donation of \$2.00 _____

Amount enclosed \$ _____ (Cash only, please!)

Lunch: Bring your own lunch – we will be eating outside with the Gods in the Garden ☺
Don't forget to bring water!

Optional Items to bring/think about: Dress prepared for seasonal weather, Foul-weather gear, sunscreen, comfortable shoes – wear layers.

Please **Turn Over**—must complete BOTH SIDES----->



Fountain • Fort Carson
SCHOOL DISTRICT EIGHT

Fountain Ft. Carson School District #8 Field Trip Permission & Waiver Form

My student has permission to attend the above-noted off-campus school activity.

Student Name: _____

Age: _____

Parent/Guardian Name: _____

Emergency Contact Information

Name: _____

Phone Number: _____

Relationship to Student: _____

Important Medical information (e.g. Allergies, asthma, ...)

Parent Signature

I know that if I want to attend this field trip and participate with my student, I will need to arrive about 10-15 mins prior to departure in order to run my ID through RAPTOR ☺

Date

I hereby assume all of the risks of his/her participating in this activity. I acknowledge that this activity may involve physical exertion and I hereby consent to have my child receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness.