

PHYSICS FIELD TRIP THUR MAY 19th



www.lakecompounce.com



PERMISSION SLIP:

On Thursday, May 19th. Mr. Therrien's classes will be attending PHYSICS DAY at Lake Compounce Amusement Park in Bristol, CT.

This park has over 30 rides and attractions on which the students will be conducting actual science experiments. The park is limited to a third of its normal capacity for this special day, with many teachers, adults and trained park staff in attendance.

Student who do not attend will be given an alternative assignment, involving measurements on playground rides and elevators, to be done on their own time.

*** STUDENTS WILL**

Prepare with their group ahead of time as well as check with teachers whose classes they miss.

Report to Period 2, then Mr. Therrien's room 403 at 8 am the day of the trip. Students will be assigned to ride on one of 2 school buses.

Dress appropriately for the weather, as well as bring any equipment or materials needed. (Includes any special medical needs for a day outdoors).

Students are responsible for their own food.

Work in groups of 2-3. Stay with their group at all times.

Conduct all assigned work at the park. Students are NOT required to actually go on ANY rides they do not WISH to, however someone in the group must take the appropriate measurements.

Check in with the chaperones at designated times (every hour).

Follow ALL Suffield school rules while at the park AND on the bus: including standards of behavior, respect for others, and other rules such as controlled substances. Students who do not follow rules will be removed from the trip, receive a zero for the work, and are subject to school disciplinary policy.

Students will return on one of two buses:

(Please indicate choice, and reason... First come, first served on choice of buses)

_____ Leave park at 1:10, return to Suffield at 2:30 OR

_____ Leave park at 3:10, return to Suffield at 4:30

COST OF TRIP: \$13 for Lake Compounce, \$10 for bus

= \$23 due by May 6th _____

Signatures indicate student agreement with rules and conditions of trip, as well as parent/guardian permission.

_____ Student NAME Student Signature _____

_____ Parent Signature

List any special medical needs:

TEACHER SIGNATURES:

PER 2 Class _____ Teacher _____

PER 4 Class _____ Teacher _____

Per 5 Class _____ Teacher _____

Per 6 Class _____ Teacher _____