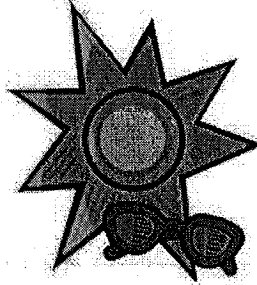


2018 LHS Summer Retreat @ Devil's Lake



Who: Open to all LHS students! The more the merrier, so encourage your friends to attend!

What: A fun way to kick off the upcoming start of the 2018-19 school year with team building activities, games, swimming, hiking, free lunch and dinner, snacks, and much more! A great way to spend time with friends and to make new friends!

When: Tuesday, July 31st from 11:30 a.m. to 8:00 p.m.

Where: The bus will leave from LHS at 11:45 a.m. and transport students to Devil's Lake.

Why: To have fun-filled day with other LHS students before the school year begins.

Cost: \$15 – this includes lunch, dinner, t-shirt and snacks (please contact Mr. Fassbender or Mrs. Jelinek if the cost is an issue).

Checks can be made to Lodi High School.


What to bring: Swimsuit, towel, bug spray, and a change of clothes (It may be cool by the end of the day, so dress accordingly), tennis shoes

How to register: Return the completed permission slip and the \$15 fee to the high school office Friday, July 27th!

If you have any questions about the retreat, please contact J.P. Fassbender at 592-3853 ext. 4473 fassbjp@lodischoolswi.org. Or Amy Jelinek at 592-3853 ext. 4419 jelinam@lodischoolswi.org

COST OF TRIP: \$15.00

~~PLEASE~~ MAKE CHECK PAYABLE TO Lodi School District

School District of Lodi  Non-Extended Field Trip Permission Form

- Primary
- Elementary
- OSC
- Middle
- High
- Gibraltar
- C.R.E.W.

Dear Parent/Guardian:

Your child has the opportunity to participate in the following field trip away from school:

Date of trip: Tuesday, July 31st **Trip Destination:** Devils Lake (Leadership Council Retreat)

Student Last Name: _____ First Name: _____ Grade: 9-12 Teacher: Fassbender

PARENT/GUARDIAN COMPLETES:

Will your child need to take any medication during this field trip? Yes No

If yes, please provide the necessary times and instructions for administering medication. The medication must be carried by the teacher and have a completed/signed medication request/consent form in the office.

Name of Medication (s): _____

Special Notes: _____

Internal Use Only: Medication Administered by: Initial: _____ Date/Time: _____

Does your child have any health conditions, clothing requirements or a special accommodation that chaperones on this field trip should be aware of? Yes No

If yes, please explain: _____

Please provide a primary and a back-up telephone number where a parent or designated guardian can be reached during this field trip:

Primary Contact		Phone	
Back-up Contact		Phone	

PLEASE NOTE: The teacher will accompany your child on the trip and will use all reasonable precautions with regard to safety and general welfare. If for behavioral/disciplinary reasons your child must return from the trip early and separate from the participating group, you will be responsible for any additional incurred trip expense.

LUNCH NEEDED:

- Yes, my child would like a sack lunch for the field trip (lunch account will be charged)
- No, a sack lunch is not needed for this trip.

My signature verifies I have read the field trip information sheet and give permission for my child to attend this trip. I understand that I will also be required to sign a separate waiver form in order for my child to attend this trip.

Parent Signature: _____ **Date:** __/__/__

- I would like to sponsor another student and have included an additional amount of _____
- Please check here if the cost of the fieldtrip presents a financial hardship
- Chaperones invited – I may be contacted at _____
- No Chaperones needed for this trip.

PERMISSION FORM DUE BY 07 / 27 / 2018

Internal Use: Check # _____ Cash _____ Scholarship Requested

+ shirt size _____