

April 4, 2017

Dear Parents,

The fifth-grade teachers are excited that we will be taking a field trip to Boston on **Thursday, May 18th**, to walk the historic Freedom Trail. We are extremely grateful to the MSPA for funding the major part of this memorable excursion!

This outdoor, educational experience is planned to supplement and enrich our study of the Revolutionary War in Social Studies and Language Arts. We will begin at the Boston Common, visit many historical sites, and end at Bunker Hill Monument, where buses will pick us up for our return trip to the CEMS traffic circle.

Buses will leave school at 8:00 AM and arrive back around 5:00 PM. Students and chaperones will need to bring a lunch, snacks, and a drink in an unbreakable container. We'll be walking **2.5 miles**, so comfortable shoes are recommended. Chaperones are urged to take cell phones on the trip so they can be in contact with classroom teachers. Classroom teachers will carry student inhalers and/or other medications needed for the day.

As mentioned, the MSPA has generously funded much of this trip. However, the transportation fee is nearly \$??,000.00, so it is necessary to ask each child to contribute \$25.00. If this presents a hardship for your family, please let us know as soon as possible. We will arrange for funding, keeping your request confidential. We want all students to be able to participate. Thank you in advance for your support.

Please fill out the attached permission slip and return it to school with a check for **\$25.00** made payable to CEMS before Thursday, April 13th.

Sincerely,

The 5th Grade Team- Kathy Walsh, Matt Whaley, Carrie Newton, Heather Geikie, Kristen Arbour, Talya Edlund and Kate Karlonas

Boston Field Trip: Freedom Trail Walk

Permission Slip

My child, \_\_\_\_\_, has my permission to go to Boston. Enclosed is a check for **\$25.00 made out to CEMS**.

My child, \_\_\_\_\_, may **not** go to Boston and will have an alternative activity at school on **Thursday, May 18th**.

\_\_\_\_\_ I volunteer to chaperone.

\_\_\_\_\_ My child has a medical condition that I have described below.

Parent's signature \_\_\_\_\_

Parent's cell phone # \_\_\_\_\_