Dear students and parents,

On **Thursday, May 31**<sup>st</sup> I have planned a Science 9 field trip for all of the Science 9 students to Calgary where they will attend the brand new Calgary Telus SPARK Science Center in the morning and the Calgary Zoo in the afternoon. We are very fortunate to have such a great facility so close as this is the first Science Center to be built in Canada within the past 25 years. Below is our itinerary for the day:

- 7:00 a.m. Motor Coach departs for Calgary from FLVT
- 9:00 a.m. Arrive at the Calgary Science Center, view the exhibits
- 9:30 11:00 Students view WHALES OF TAHORA attraction and other exhibits
- 11:00 a.m. Meet for attendance at the entrance to the Dome Theatre Movie
- 11:10 a.m. View the film EXTREME WEATHER in the Dome Theatre
- 12:00 p.m. Depart the Telus Spark Science Centre & walk to the Calgary Zoo
- 12:15 p.m. Arrive at the Calgary Zoo (Lunch available at the cafeteria)
- 3:15 p.m. Attendance and departure shortly after from the Calgary Zoo
- 5:30 p.m. Motor coach arrives back at FLVT for student pick-up

This field trip is meant to be both enjoyable and educational. All of the students will be required to complete a short assignment that relates to Unit A - Biological Diversity, Unit C – Environmental Chemistry, and Unit E - Space Exploration that we completed earlier this year. This assignment is to be completed during the trip that day and will be presented in class later that week. Those students that do not attend the field trip will be expected to complete an alternate assignment in school during the day we are absent.

The cost of the trip is **\$50** which covers the students' transportation to and from Calgary as well as the tickets to the Science Center, Zoo, and Dome Theatre show. If you are interested in learning more about the Science Centre, Dome Theatre Movie, or Whales of Tahora Exhibit before the day of the trip, please go to the following website - www.sparkscience.ca

If a student does not plan to bring a bag lunch, they will require additional spending money for the concessions at the Zoo and Science Centre. On the day of the trip, please make sure to check the weather and dress appropriately as we will be outside for a majority of the day at the zoo. If your child does not have a cell phone and you need to contact them for some sort of emergency during this outing, please call the FLVT office at 403-381-0953 and they will have the emergency cell phone numbers of the teacher supervisors attending the trip.

The deadline to get your forms and money in are Friday, May 11<sup>th</sup>. If you would like your son/daughter to take part in this activity on May 31<sup>st</sup>, **THE ATTACHED FORM MUST BE FILLED OUT AND RETURNED TO THE SCHOOL AND THE \$50 MUST BE PAID ONLINE NO LATER THAN FRIDAY, MAY 11<sup>TH</sup>** as the tickets need to be purchased in advance and other arrangements need to be made. Thank-you and if you have any questions feel free to contact me at the school.

Sincerely,

Tim Craddock

## GRADE 9 CALGARY SCIENCE CENTRE & ZOO TRIP THURSDAY, MAY 31<sup>st</sup>/2018

I (parent's name)	authorize (student) to
attend the Science 9 <b>CALGARY ZOO</b> and <b>TELUS SPARK SCIENCE CENTRE</b> field trip on May 31 <sup>st</sup> where the students will be travelling to and from Calgary by motor coach.	
Are you interested in being a chaperone on the trip	? <b>YES NO</b>
If yes, please provide the following information so Mr. Craddock can contact you:	
Name: 0	ontact #:
NOTE: Contact Mr. Craddock first to ensure you are one of the chaperone's that will be attending the trip. In order to qualify as a chaperone, you must provide a valid criminal record check from the current school year. Forms can be picked up at the school office and usually taken a minimum of 3 weeks to process.	
My son/daughter is in: ☐ 9C ☐ 9H	□ 9R
The \$50 fee for this trip has been paid:   Online	
Emergency Contact Name:	
Emergency Phone Number:	
The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc.), a list of medication that my child must take and any special instructions regarding medication storage and administration:	
If my child requires medical attention, I authorize necessary medical treatment they feel is required	· · · · · · · · · · · · · · · · · · ·
Signature of Parent/Guardian	 Date