**Oakman Elementary**

**7545 Chase**

**Dearborn, MI 48126**

(313) 827- 6500

## OAKMAN LIONS ROLLER SKATING NIGHT

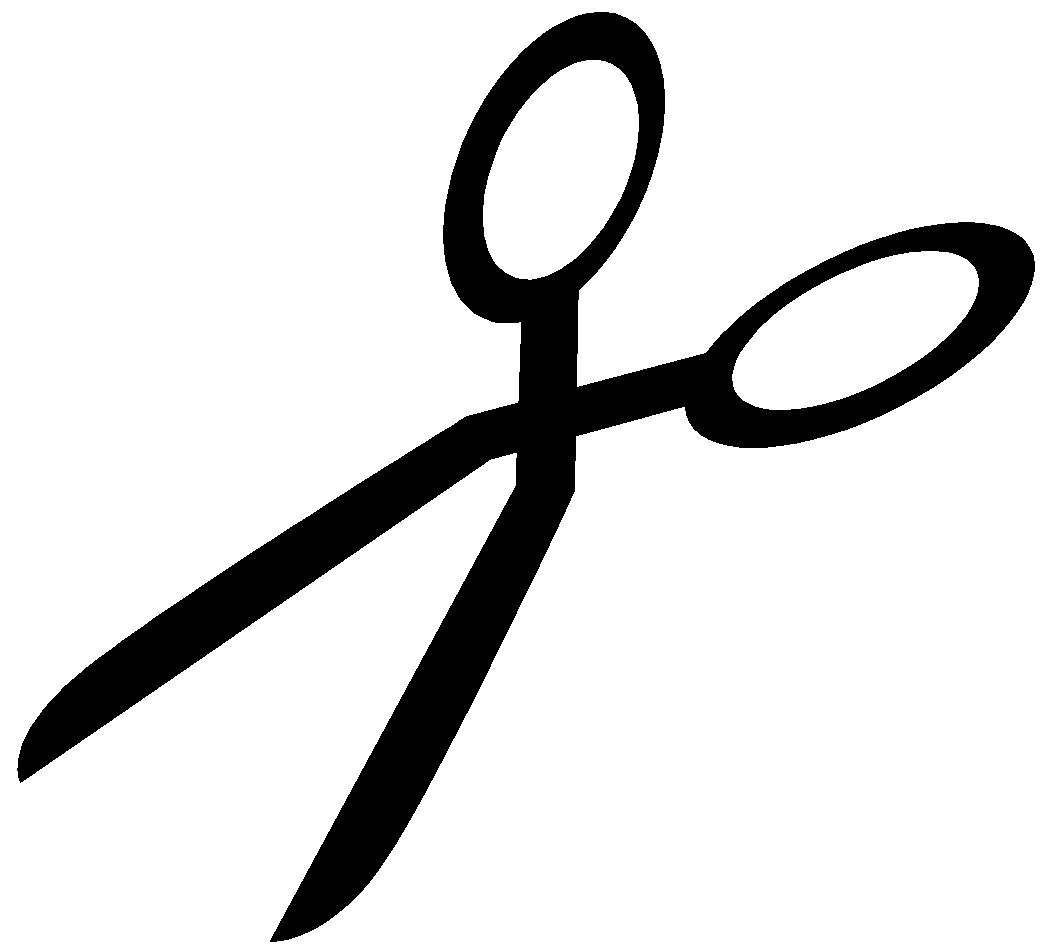
**Who:** 2nd -5th graders and Staff only are on the bus, first come first serve. K/1 are to be accompanied by parent and meet us there. No parents are to ride on the bus.

**What: STAFF/PARENTS/STUDENTS Roller Skating Event**

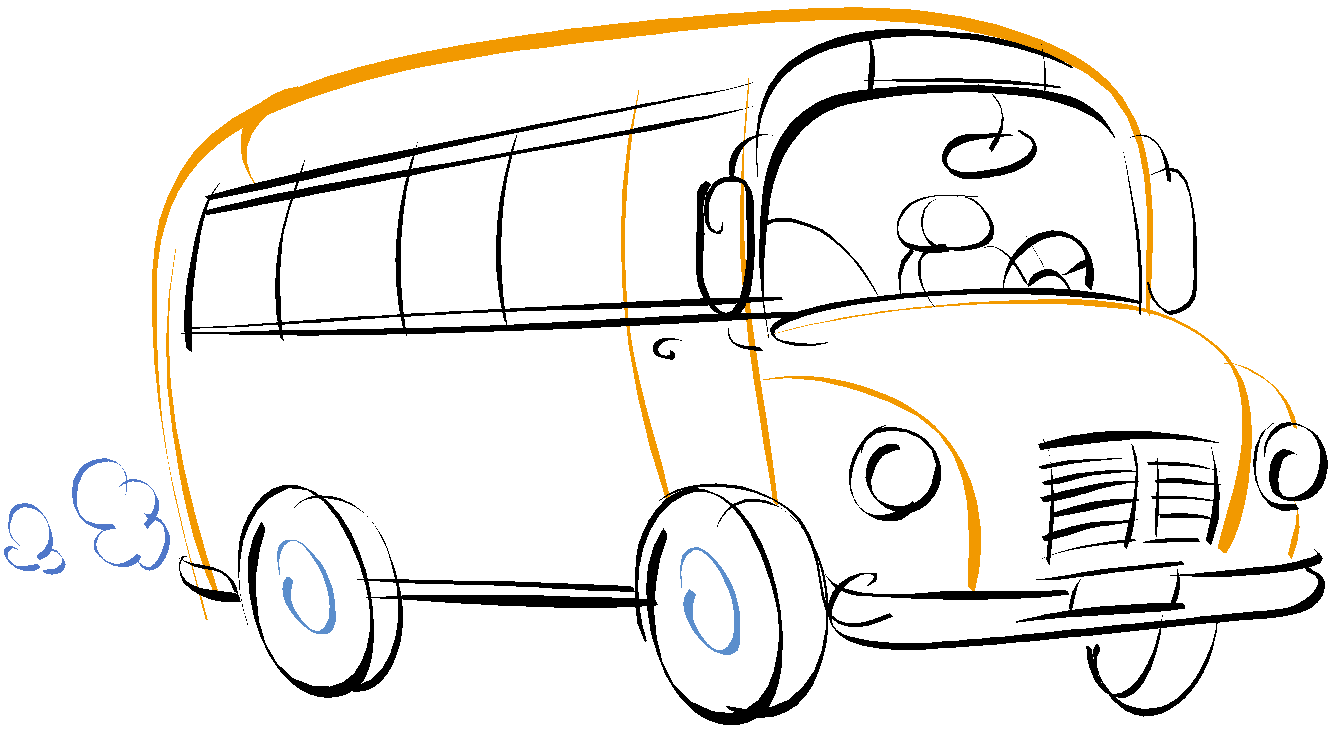
**Where: Lincoln Park Skating Center : 1419 Southfield Rd, Lincoln Park 48146**

**When:** Wednesday, Feb 15th. 4 to 6:30 pm

**Cost**: $10 ticket. Buy from Mrs. Dakroub or the PTA

***Please sign the permission slip below and have your child return it by: FRIDAY 2-10-17 TO Mrs. Dakroub***





**DEARBORN PUBLIC SCHOOLS**

**STUDENT PERMISSION SLIP**

Parent permission to go on a field trip to**: Lincoln Park Skating Center.** I hereby give permission for my child or ward, to participate in field trip planned and directed by my child’s teacher and Oakman Staff. I understand that reasonable precautions will be taken to safeguard my child on field trips as is taken in all other school activities and I will not hold the Dearborn Board of Education or any of its employees responsible for any accident or loss which might be sustained. Attendance on the field trip is not part of the student’s grade for the course. Attendance is voluntary and no credit or “extra credit” is given. Such trips are for the purpose of enrichment as are any related activities, such as a field trip report.

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade and Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_02/\_\_\_/2017

***(Parent or Guardian)***

**\*\*\*\*\*\*\*\*Parent Cell Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*\*\*\*\*\*\*Doctor Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**