

Norman
Thomas
High
School

FOR
COMMERCIAL
EDUCATION

New York City Department of Education

111 East 33 Street at Park Avenue
New York, New York 10016

Telephone: (212) 576-0500

Fax: (212) 545-9648

Philip M. Martin, *Principal*

**Norman Thomas High School
is attending the
Business & Marketing
Education Day
@ Six Flags Great Adventures**

Thursday, May 6, 2010

**Ticket Price:
\$30.00**

**Only Money Orders will be accepted.
Includes Theme Park Admission and
Transportation**

-
- **Money Orders are due by April 16th, 2010 or until all seats have been sold.**
 - **You must also bring a notarized permission slip on file to attend trip.**

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- **As well as a signed permission slip from all of your subject teachers.**

MEDICAL CLEARANCE FORM

Return by April 16th, 2010

Name _____

Osis # _____

This student will be participating in an event at Great Adventure - Six Flags. The student will have the opportunity to go on the amusement and water rides and requires a medical release by a physician. Please indicate below the extent of the student's participation and complete and stamp the form below.

_____ I know of no reason why the student may not participate.

_____ I believe the student can participate, **but** I urge caution because

_____ The student should not engage in the following activities:

_____ I recommend that the student **NOT** participate.

Physician Signature

Date

Address

City and State Zip

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Please place official physician stamp below:

**TEACHERS' PERMISSION
TO BE EXCUSED FROM CLASS**

Return by April 16th, 2010

The student must secure signature of subject class teachers indicating excuse of the pupil from class on the day of the trip. The student must secure all necessary signatures and return this form before he/she may go on the trip.

Name: _____

Official Class _____ Osis # _____

PERIOD	SUBJECT CLASS	SUBJECT TEACHER'S SIGNATURE
1		
2		
3		
4		
5		
6		
7		
8		
9		

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I understand that I am responsible for the work covered in class during my absence and for submitting all Homework and assignments due on the day of my absence and the following day.

Signature of Student

Signature of Parent/Guardian

Chancellor's Regulation A-670

Attachment #1

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Revised 2005

NOTE: This document may be modified to require additional information based upon the unique circumstances of a particular trip.

PARENT NOTIFICATION/CONSENT FORM

DAY TRIP

Return by April 16th, 2010

Name _____ Class _____
School (list additional trip sponsors when applicable) **Norman Thomas High School** Trip Date: 5 / 6 / 10

Trip Coordinator: **Thomas A. Dunn**

Destination: **Six Flags – Great Adventures New Jersey**

Departure Site: **Norman Thomas High School 33rd and Park Avenue** Departure Time: **8:00 AM**

Return Site: **Norman Thomas High School 33rd and Park Avenue** Return Time **8:00 PM**

Mode of Transportation: **Bus**

Purpose of Trip: **Business & Marketing Education Day**

Specific Clothing/Equipment Required for this Trip: **Comfortable shoes and change of spring clothes.**

This trip will include the following physical and sports activities: *Students will learn about Sports Marketing from industry professionals with presentations by Lakewood Blue Claws and the Philadelphia 76ers. Student will also engage in walking, running, and riding throughout the Amusement Park.*

I, the parent/guardian of the student named above, hereby give my permission for my child to take part in the school trip described above.

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a) I understand that there are potential risks associated with the above-listed activities and I consent to my child's participation in all activities except for the following:

b) Please indicate below any permanent or temporary medical or other condition including special dietary and medication needs, or the need for visual or auditory aids, which should be known about your child:

c) I understand that as a parent, if I believe it is necessary to limit my child's activity to a great extent, then the school may not be able to accommodate my child on this trip and that I and my child will be informed of this decision as soon as possible upon the receipt by the school of this completed consent form.

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d) I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the trip may act on my behalf and at my expense in obtaining medical treatment for my child.

e) I understand that my child is expected to behave responsibly and to follow the school's discipline code and policies.

f) I agree and understand that I am responsible for the actions of my child, and I release the school from all claims and liabilities that arise in connection with the trip, except if due to the negligence of school officials.

g) I understand that I am responsible for getting my child to and from the departure and return sites identified above. I understand that my child shall be accompanied by staff member(s) during the trip, including while traveling from the departure site to the destination site, and from the destination site to the return site.

h) I understand that alcoholic beverages and/or illegal drugs are prohibited and have discussed this prohibition with my child. I understand that if my child is found in possession of these substances, he/she will be subject to school disciplinary procedures and possible criminal prosecution.

i) I understand that students who violate the school's discipline code may be excluded in the future by the school from participating in a trip.

j) In an emergency I can be reached at: Day: () _____ Evening: () _____

Additional Contact: Name _____ Day: () _____ Evening: () _____

k) I give my permission for my child to participate in this school trip.

(Signature of Parent/Guardian)

(Date)

STUDENT DECLARATION

(to be signed by Middle School and High School students)

I have read this form and I understand that I am to act on this trip in the same responsible manner in which I am expected to conduct myself in school.

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(Signature of Student)

(Date)

Parent/Guardian Signature Must Be Notarized by a Notary Public.