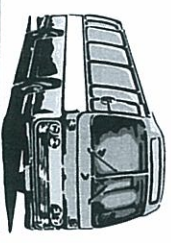
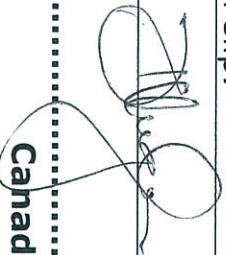




**Canadian International School of Hong Kong  
We're Going on a Field Trip!**



Dear Parents:  
Grade 5 is planning a field trip outside of school. Please read the information below and return the attached by **Wednesday 4<sup>th</sup> May 2011.**

<b>CLASS:</b> 5A, 5B, 5C, 5D, 5E	<b>FIELD TRIP DATES:</b> Wed. 11th May to Fri. 13th May 2011
<b>DESTINATION:</b> Cheung Chau Island	
<b>PURPOSE:</b> This trip will focus on physical challenges and working cooperatively in groups.	
<b>DEPARTURE TIME:</b> CDNIS – 8.30am	
<b>RETURN TIME:</b> <b>*Please indicate pick up location below</b> Central Ferry Pier – approx. 4.10pm Admiralty – approx. 4.25pm CDNIS – approx. 4.45pm	
<b>ACCOMPANYING TEACHERS/VOLUNTEERS:</b> Mr. Macpherson, Ms. Kinsinger, Mr. Lalwani, Ms. Cahusac, Ms. Carmen, Mr. Dave, Staff from Dragonfly Outdoor Education	
<b>METHOD OF TRANSPORTATION:</b> School bus to/from Central Ferry Pier; First Ferry to/from Cheung Chau	
<b>ITEMS TO SEND:</b> Refer to packing list.	
<b>ADDITIONAL INFORMATION:</b> Please submit a cheque for HK\$1800 made payable to 'Canadian International School of Hong Kong' together with this permission slip.	
<b>SIGNED:</b> 	<b>DATED:</b> 27 <sup>th</sup> April 2011

.....  
**Canadian International School of Hong Kong  
PERMISSION SLIP**  
.....

My child \_\_\_\_\_ of class 5 \_\_\_\_\_ has permission to attend the Grade 5 Camp on Cheung Chau Island from the 11<sup>th</sup> of May to the 13<sup>th</sup> of May 2011.

My child will be picked up at the following location:

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Central Ferry Pier | <input type="checkbox"/> Admiralty MTR | <input type="checkbox"/> CDNIS |
| at approx. 4:10pm                           | at approx. 4:25pm                      | at approx. 4:45pm              |

My child will be picked up by  
 Myself

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> Helper | <input type="checkbox"/> Other Guardian |
| Name: _____                     | Name: _____                             |

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Contact Number: \_\_\_\_\_