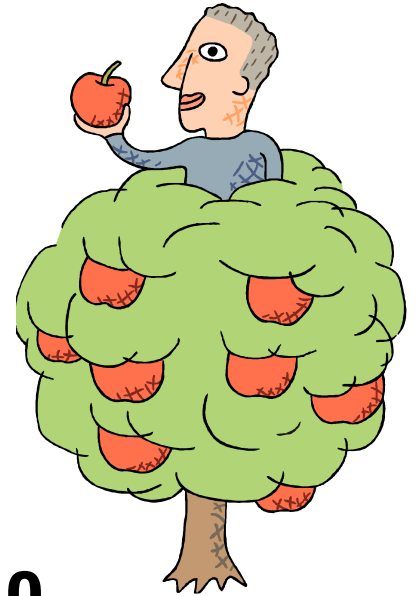


# Field Trip



**WHO:** Kindergarten Students

**WHERE:** Ditmars Apple Orchard  
19475 - 225th St. Council Bluffs, IA.  
(712)256-7053

**WHEN:** Thursday, **September 23, 2010**

**TIME:** We will leave the school at 9:10 a.m.  
and return at 11:20 a.m.

**DRESS CODE:** School Uniforms

**TRANSPORTATION:** Parent drivers

**COST:** \$4.00 per student \$2.00 per adult

**ACTIVITIES:** Tractor Ride, Corn Maze, Pick Apples and enjoy  
a snack (provided by the ORCHARD!!)

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\_\_\_\_ Yes, my child may participate in this field trip.

\_\_\_\_ No, my child may not participate in this field trip.

\_\_\_\_ Yes, I would love to act as a chaperone and drive for  
this field trip. I have \_\_\_\_ number of seatbelts to safely trans-  
port \_\_\_\_ number of students. A copy of my current driver's  
license and insurance is on file with the school office.

Enclosed is \$\_\_\_\_\_

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Student Name

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Parent Signature

