



Community Trip Form



Being able to participate in the community is a very important life skill. In order to work on this, we are going to take field trips into the Pottstown surrounding area to work on social skills in the community. These trips will be planned on an individualized need. These trips could include going to the grocery store to shop for a list, going to a local department store (Target or Walmart) to buy classroom supplies for cooking and cleaning, going out to eat with peers, going bowling/golfing with peers, etc. We always prepare for these outings by discussing the purpose for the trip and practicing the language and behavior required.

Rather than send a separate field trip permission slip home for each trip, I ask that you grant permission for all local trips in advance. I will notify you prior to each trip that your child was selected for the specific trip and give the specific details. To help cover the costs of these outings, some trips will require a fee. Once I am aware of any costs, I will let you know so that you can send that in. Please complete both the form below and the attached field trip permission slip and return to me as soon as possible. If you have questions or concerns, please feel free to email or call me.

Some trips that we are looking into this year are as follows:

- Grocery store (monthly)
- Target / Walmart
- Michael's Craft Stores
- Pharmacy
- Home Improvement Stores
- Orchard
- Tree Farm
- Restaurants
- Movie Theater
- Plays
- Bowling
- ...and more

PGMS Parental Permission for Student Participation in Community Outings

_____ has permission to participate in educational community outings. I understand that all usual necessary precautions will be taken to safeguard my child while on the trip. If my child needs medical attention while on this trip, please contact me using the emergency information listed on the PGSD Field Trip Permission and Medical Information Authorization Form (separate form). I understand that students who misbehave will NOT be allowed to participate.

Child's Name: _____

Parent's Name: _____

Parent Daytime Phone Number: _____

Parent Signature: _____

Date: _____

Thank you,

Mrs. Stacy McHugh

