

# German Club Final Dinner at "Melting Pot" restaurant

Date of dinner: Thursday, November 1, 2018

Please join us for dinner at 5 PM at the fondue restaurant "The Melting Pot" located in Naperville at *4931 S Route 59 Ste 105, Naperville, IL 60564 (630) 717-8301*.

*Transportation: Transportation will **not** be provided for this local trip. Students must provide their own transportation to and from the restaurant in Naperville by 5, and should be picked up by 6:30 PM at the restaurant. All transportation is the responsibility of the parent/guardian.*

Cost: The dinner will cost \$\_\_\_\_15\_\_\_\_ for a sampling of cheese and chocolate fondue with soda, tax, and tip included in the price!

*-Frau Ibanez*

Return permission slip and money by: October 24<sup>th</sup>

My son/daughter has my permission to attend the trip to "Melting Pot" restaurant in Naperville on *Thursday, November 1, 2018*. I understand that transportation is not provided by PNHS, and that I am responsible for making transportation arrangements. I also understand that the German Club sponsor will be in attendance and will be responsible for the supervision of my child **ONLY** at the restaurant from 5 to 6:30 PM.

*PNHS and the club sponsor will **NOT** be responsible for students once they depart the restaurant.*

Parent/Guardian: \_\_\_\_\_

Student: \_\_\_\_\_

Guardian Phone number: \_\_\_\_\_

Date: \_\_\_\_\_

*Please sign both sides and return with payment (Checks made payable to PNHS)  
(Unfortunately, there will be no refunds. All conditions are subject to change. Danke.)*

*-Frau Ibanez*

**PLAINFIELD COMMUNITY CONSOLIDATED SCHOOL DISTRICT #202  
PLAINFIELD NORTH HIGH SCHOOL**

**TRIP CONSENT FORM**

I hereby give permission and consent for my son/daughter, \_\_\_\_\_  
(student's name)

to participate in the German Club Dinner at the Melting Pot Restaurant in Naperville, IL  
(activity)

on November 1, 2018, sponsored by Plainfield Community Consolidated  
(date)

School District #202 and to be transported by: ( ) School Bus ( ) Van ( **x** ) **Private Vehicle**

The cost of this fieldtrip, which can be paid with cash or check, made out to PLAINFIELD

NORTH HIGH SCHOOL, is \$15.

1. CONDUCT: I understand that my student must comply with the provisions of the Student Handbook and other rules of conduct established by the School District while participating in the above-mentioned activity. I have discussed this requirement with my student.
  
2. EMERGENCY MEDICAL AID: I hereby give permission for the School District to secure whatever emergency medical treatment that my child needs in connection with the activity.  
( ) Yes ( ) No

If I am away from home during the time of this activity, I can be reached at:

\_\_\_\_\_ (address) \_\_\_\_\_ (telephone)

Other health information about my child, of importance to the activity: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Signature

\_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian

Date

\_\_\_\_\_  
Address Telephone