



January 26, 2018

Dear Parents/Guardians,

On **Thursday, February 22<sup>nd</sup>** the 6<sup>th</sup> grade students will be participating in a Disability Awareness Day hosted by your very own 6<sup>th</sup> grade teachers. Nearly 57 million people in the United States live with a disability. In order to promote awareness and learn how to embrace diversity, we have organized various activities for your child to partake in.

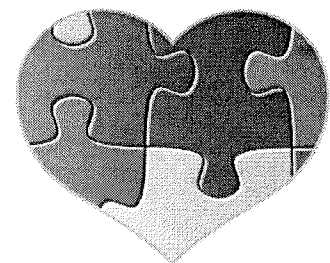
To start off the day, students will be going to the theater to see the movie Wonder at the Cinemark Theater in the Louis Joliet Mall. Upon our return to school, students will have the opportunity to listen to Stevie Hopkins, the co-founder for the organization called 3E Love. Stevie Hopkins will share his story of how he fell in love with life. Through the highs and lows of adventuring through his life with a disability, running a business, and forging his own path in the face of adversity and tragedy, he tells a tale of inspiration and strength unlike any other. After listening to Stevie's message, the students will participate in some activities simulating what it would be like to have a disability. You can find more information on his website: <https://www.3elove.com/>

In order to attend the movie portion, please fill out the attached trip consent form. The cost of this trip will be **\$10.00 per student**. You may pay in cash or make a check out to **Aux Sable Middle School**. Please send your payment, and the completed **Field Trip Consent Form** in to the main office by **Friday, February 9<sup>th</sup>**. Please be sure to fill out #2—**Emergency Medical Aid**.

If you have any questions, please contact your child's study hall teacher.

Respectfully,

6<sup>th</sup> Grade Teachers



PLEASE DETACH THIS PORTION AND TURN IN WITH THE \$10 COST TO THE MAIN OFFICE BY FRIDAY, FEBRUARY 9th  
PLAINFIELD COMMUNITY CONSOLIDATED SCHOOLS  
TRIP CONSENT FORM

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

to participate in the Cinemark Movie Field Trip -Wonder  
(activity)

on 2/22/2018 sponsored by Plainfield Community Consolidated School District 202

and to be transported by:     School Bus     Van     Private Vehicle

- .....
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    (please check one)

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **INDEMNITY /INSURANCE:** I agree to indemnify and hold harmless the Plainfield School District Board of Education and its employees and volunteers against any claim for damages or loss including reasonable attorney fees which arise out of the above-mentioned activity. I also understand that if transportation is provided by private vehicle, primary liability and insurance coverage resides with the driver and/or owner of the vehicle.

Signed: \_\_\_\_\_    \_\_\_\_\_  
Parent or Guardian Signature    Date

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