



SAINT FRANCIS PREPARATORY SCHOOL

6100 Francis Lewis Boulevard · Fresh Meadows, NY 11365-2840 · (718) 423-8810
Fax: (718) 224-2108 · E-Mail: 21stCENTURY@SFPONLINE.ORG · URL: WWW.SFPONLINE.ORG

St. Francis Prep Ski Trip February 23rd, 2007 Windham Mountain Resort

I will be attending the school trip to Windham on Feb. 23rd, and agree to follow all of the rules involves in this school activity. Appropriate behavior is expected at all times. Use of alcohol/drugs is strictly prohibited, and each individual is responsible for any damages associated with the condition of their ski rental equipment, bus, property, etc.

While at the mountain, students are on their own until they are asked to return to the bus. All skiing safety rules must be followed closely to insure the safety of all concerned. Students are responsible for their own behavior while skiing and the school and/or tour company cannot be responsible for any inappropriate or dangerous behavior while skiing.

Parents will be notified if chaperones feel that any of the above rules have been disregarded, and appropriate disciplinary action will also be taken.

Itinerary for Friday, February 23rd, 2007

- 5:20 AM – Meet in the back of SFP by the Cafeteria.
- 5:45 AM – The bus will depart SFP heading to Windham Mountain in Upstate NY.
- 8:45 AM – We arrive at the mountain and lift tickets will be handed out. You on your own to enjoy the day of skiing/riding.
- 4:00 PM – Mountain lifts close.
- 4:30 PM – Bus will depart the mountain and head back to SFP.
- 8:00 PM – We arrive at SFP and parents may pick you up where they left you.

Total Cost for round trip transportation and full day lift tickets is \$70.00. Please bring cash or make checks payable to St. Francis Preparatory School and indicate the name of the student on the memo line. Put your permission slips in an envelope with the money and on the outside of the envelope please indicate the student's name and Cor. Hand this envelope only to Mr. Socrates Manolopoulos or put it in his mailbox.

**The name of the tour company is Island Tours and they are based out of Long Island.*

Please indicate below if there is any special medical condition that chaperones should be aware of, and if students must use any specific medication:

Student's Signature _____

Parent's Signature _____

ACCREDITED BY: MIDDLE STATES ASSOCIATION OF COLLEGES AND SECONDARY SCHOOLS
REGISTERED WITH THE BOARD OF REGENTS OF THE STATE OF NEW YORK
MEMBER OF NEW YORK STATE ASSOCIATION OF INDEPENDENT SCHOOLS
RECIPIENT OF THE U.S. EDUCATION DEPARTMENT'S EXCELLENCE IN PRIVATE EDUCATION AWARD
RECOGNIZED BY U.S. NEWS AND WORLD REPORT AS AN "OUTSTANDING AMERICAN HIGH SCHOOL"



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PERMISSION SLIP TRIP TO WINDHAM MOUNTAIN FEB 23RD, 2007

STUDENT NAME: _____ COR: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

PARENT TELEPHONE NUMBER: _____

DATE OF BIRTH: _____ AGE: _____

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children whom become ill or injured while under school authority, when parents or guardians cannot be reached.

In the event reasonable attempts to contact me at _____

(phone #), or _____ (other parent or guardian) at

_____ (phone #) have been unsuccessful, I hereby

give my consent for (1) the administration of any treatment seemed necessary by DR.

_____ (preferred physician), or the transfer of the child

to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken and any physical impairment to which a physician should be alerted:

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