



As an enrichment activity for our Shakespeare Unit, English students are offered the opportunity to participate in Student Day at the Louisiana Renaissance Festival in Hammond. The field trip will take place on Tuesday, November 15, 2014. (The festival is not open to the general public on Student Day.)

Students will experience what a Medieval English village and marketplace was like. Live performances will include a parade, birds of prey, and a jousting battle. Students will see demonstrations of glass-blowing, pottery, candle-making, weaving, and the crafts of various artisans.

#### **COST:**

**\$30 (non-refundable) Due Thurs., Oct. 6, 2016**

This includes round-trip charter bus transportation and admission to the festival. Lunch may be purchased at booths in the Renaissance Village. Students may also bring spending money for purchases at LaRenFest Marketplace. Admission includes access to the festival site, all stage shows, and demonstrations. Vendor booths are open during the Student Day program with items for purchase. Rides and games typically run \$2-\$4 each, drinks are \$1-\$2 each, and food items are typically \$3-\$5 each. A water fountain is available.

Money (can be paid online) and permission slip forms are to be turned in to your English or History teacher.

#### **TIME:**

Buses will leave McKinley at 8:00 a.m. and return at 2:00 p.m. on Tuesday, November 15, 2016. Students will arrive back on campus before their buses leave school.

#### **RESERVATIONS:**

Reservations will be made on a first-come basis for students who turn in their \$30 and a signed permission slip. (Permission to attend the festival may be denied to students because of disciplinary problems.)

#### **DRESS CODE:**

Students attending the festival may dress up in appropriate Renaissance attire. **NO MASKS!** (Costumes must be appropriate for school) If you are not wearing a costume, you may wear jeans with either a McKinley Spirit shirt or uniform shirt. All students attending must wear their student ID.

#### **SPECIAL NOTE:**

Festival organizers stress that incidents involving theft of merchandise will be handled by appropriate law enforcement and school officials.



Approved: Herman Brister, Principal



English Teacher: \_\_\_\_\_ History Teacher: \_\_\_\_\_

Parent/Legal Guardian Grantor of Permission For Student Participation			
<b>1. TO BE COMPLETED BY SCHOOL</b>			
Description Of Activity: <b>Louisiana Renaissance Festival in Hammond, LA</b>			
DATES: From: <b>8 a.m. Tues., November 15, 2016</b>		To: <b>2 p.m. Tues., November 15, 2016</b>	
2. I do hereby grant permission for the following student to attend and participate in the described activity.			
STUDENT NAME (Please Print)	S. S. # or Student ID. #	SCHOOL NAME	
PARENT OR LEGAL GUARDIAN NAME (Please Print)	LEGAL RELATIONSHIP <input type="checkbox"/> Natural Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian	SIGNATURE Of Parent or Legal Guardian	DATE
<b>3. AUTHORIZATION TO PROVIDE MEDICAL TREATMENT</b>			
The school board or its representatives are authorized to render necessary medical treatment to the student listed above relative to any injury sustained in the course of the above activity.			
Signature of Parent or Legal Guardian _____			
<b>4. RELEASE OF MEDICAL RECORDS AND REPORTS</b>			
You or any physician, hospital, clinic or medical care provider are authorized to furnish to the East Baton Rouge Parish School Board, all medical records, information, facts and particulars which may be requested and to furnish them copies of such.			
This information is to be used for the purposes of evaluating and handling this student's claim of injury as a result of the accident on the date indicated in Section 5. A photocopy of this form may be accepted with the same authority as the original.			
Signature of Parent or Legal Guardian _____			
<b>5. TO BE COMPLETED BY PHYSICIAN IN THE EVENT OF INJURY</b>			
Date of Injury _____ Initial Diagnosis _____			
Signature of Physician or Authorized Representative		Date	
Name and Address and Phone Number of Medical Facility (Please print neatly)			

Please send the WHITE and YELLOW copies back to the school. The PINK copy is for the parent or legal guardian.  
07/95

I need lunch from the cafeteria \_\_\_\_\_ Milk: White Chocolate Strawberry

I will bring my own lunch \_\_\_\_\_

I will buy my own lunch at the festival \_\_\_\_\_