

Dawes Intermediate School
Second Grade Transition Program

Greeting

Michele McClung, Principal

Sydni Shuford, School Counselor

Third Grade Presentation

Laurie Price, 3rd Grade Teacher

Student Council Representatives

Dawes Clubs

Student Council

Production Club

Astronomy

Lego Club

Dawes Dashers

Art Club

Choir

Dawes Dance Team

Robotics

Unplugged gamers

Teach2Learn

Designers

STEM

Drama

Questions & Answers

Tours

5th Grade Transition Field Trip

James, Kimberley/Causey

Tue 1/24/2017 8:08 AM

T Shuford, Sydnie L/Dawes <sshuford@mcpss.com> Brinson, Kely K/O Rourke <kbrinson1@mcpss.com> Sharpe, Jada G/Collier <jsharpe@mcpss.com> McEroy, Kristy/Austin <kmcelroy@mcpss.com> Firlle, Amelia A/Tanner Williams <aafirlle@mcpss.com>

Good morning Counselors,

Just a reminder that the 5th grade transition field trip to Causey is Friday, February 10, 2017. It will be from 8:45 until 9:45. Please enter the parking lot to the right of the front entrance. The program will be in the gym. I am looking forward to meeting my future 6th grade students. Please feel free to email me if you have any questions about the field trip or Causey in general.

Thanks,

Kim James

EDUCATIONAL EXCURSION PERMISSION FORM
(IN-COUNTY / OUT-OF-COUNTY TRIPS)

DATE: 1, 27, 17

Dear Parent/s or Guardian:

On 2, 10, 17 our class will be taking a field trip to Causey Middle School. We plan to leave school at approximately 8:30am and return to school at approximately 10:00am. We would like your child to accompany us on this trip. Please sign the permission slip below and return it no later than 2, 9, 17.

Lunch: will be provided. will not be provided.

Chaperones: are needed. are not needed.

5th Grade Teachers
Teacher Signature

PLEASE SIGN AND RETURN THE PERMISSION FORM BELOW

EDUCATIONAL EXCURSION HOME PERMISSION FORM

Dear 5th Grade Teachers (Teacher's Name),

_____ (Child's Name) has my permission to go to Causey Middle School with his/her class on 2/10/17. I understand that all reasonable precautions have been and will be taken for the safety of my child.

I further agree to hold harmless the Board of School Commissioners of Mobile County, its agents, servants, and employees against any and all liability, loss, damages, costs or expenses which the above named child or I may sustain or incur as a result of any act or inaction of any agents, servants, or employees of the Mobile County School Board.

Parent or Guardian Signature I would like to attend as a chaperone.

CHECK ONE:

- I would like for the school to provide my child with a bag lunch at the cost of his regular daily lunch.
 I choose to provide a bag lunch for my child.