Dear 8th Grade Parents/Guardians,

We are excited to announce an upcoming field trip for our 8th Grade Class to **Great America** on **Friday, June 6, 2025**! Below are the important details:

- Departure: Approximately 9:45 AM from San Mateo Performing Arts Center (600 N.
 Delaware Street, San Mateo)
- Return: Approximately 5:00 PM to Bowditch Middle School (subject to traffic delays)
- Transportation: Students will travel by bus; no direct drop-offs or pick-ups at Great America are permitted.
- Supervision: Bowditch 8th-grade teachers will supervise students. Parent chaperones are not needed.
- Siblings: Per school policy, siblings may not attend.

Cost & Lunch

- \$40 per student (for those without a valid Great America season pass)
- FREE for students with a Great America season pass (must bring their pass)
- Students should bring money for lunch, as outside food is not allowed in the park. Please note, Great America is a cashless park and can use digital payments or convert cash to a card at the park.

Permission Form Submission

Please print and bring the signed permission form to the OSS 2025 Promotion Meeting on Wednesday, March 19, 2025, from 5:30 PM to 8:00 PM in the Bowditch Gym Lobby.

For more information, please visit the FAQ at 8th Grade Promotion | bowditchptsa

Thank you for your support!

Bowditch Middle School 8th Grade Promotion Committee

SAN MATEO-FOSTER CITY SCHOOL DISTRICT

Bowditch Middle School 1450 Tarpon Street Foster City, CA 94404 650-312-7680

PERMISSION FORM FOR GREAT AN	MERICA PROMOTION 2025 FIELD TRIP
Name of Student: So	cial Studies Teacher:
☐ I grant permission for my student to accompa	ny the 8 th Grade Class to Great America.
☐ Attached cash/check/online payment for \$40	to pay for the entrance ticket to Great
America.	
OR	
☐ My student has a Season Pass (Pre-purchased	d by student. Student <u>must bring season</u>
<u>pass on June 6, 2025</u>)	
My student will NOT attend the class trip to Gradriven back to Bowditch by a fingerprinted adsection while the 8 th Grade Class is on the trip. Note that the statement of t	ult and alternate plans will be provided at the
· · · · · · · · · · · · · · · · · · ·	o will be responsible for conduct with the bus driver and lents are required to go and return from this event on the
AUTHORIZATION TO TREAT A MINOR: In the event th permission to the physician selected by the school staff	nat I cannot be reached in an emergency, I hereby give to secure proper treatment for my child.
deemed to have waived all claims against the San Ma injury, accident, illness or death occurring during or acknowledge that as a condition of my son/daughter/w and all claims against the San Mateo-Foster City Schoo	s that all persons making a field trip or excursion shall be ateo-Foster City School District or the State of California for r by reason of the field trip or excursion and I therefore and participating in the activity described above, I waive any I District for injury, accident, illness or death occurring during armless the San Mateo-Foster City School District and its accur during the course of this trip.
Parent/guardian signature	Date / / 2025
Emergency Contact Information	
Printed name of parent/guardian	Best contact number