



St. Paul High School

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Monday, March 6th, 2017

Dear parent(s)/guardian(s),

In celebration of Canada's 150th, Grade 7 students will be participating in a Social Studies excursion to the Museum of History and an IMAX film. Students will participate in New France or Aboriginal seminars at the museum, take in museum exhibits and watch an IMAX film about the *Mysteries of the Great Lakes*. This excursion relates directly to the Social Studies curriculum.

Date: Wednesday, April 26th, 2017

Location: Canadian Museum of History - 100 Rue Laurier, Gatineau, QC, K1A 0M8

Transportation: Students will be transported via bus from school to the museum and back.

Pick up time: 9:00am Return time: 2:00pm

Cost: \$10

Lunch: Students are encouraged to bring their own lunch and snacks for throughout the day. The museum offer cafeteria services, however, there is a strict itinerary for the day that will limit the lunch break, so quick access food is important.

Parent Volunteers: If you are interested in attending the excursion at no cost, please express your interest as we will require additional supervisors.

It should be an informative and exciting day for our students as we look forward to offering them the chance to learn in a different setting.

Should you have any questions or concerns regarding the excursion, please do not hesitate to call the school at 613-820-9705.

Sincerely,

Nicholas Kawka
Social Studies Curriculum Leader, Teacher



**Museum of History and IMAX
Grade 7**

April 26th, 2017

I give permission for my child to participate on this excursion:

Student Name: _____
HR: _____
Parent/Guardian Name: _____
Parent/Guardian Signature: _____
Home Phone Number: _____
Work Phone Number: _____
I would like to supervise: Yes / No

I, the undersigned student, am familiar with the details of this excursion and will attend. I am aware of the code of conduct which is expected of me. I am also aware of the school and school board rules and regulations governing excursions and will comply with them at all times. I understand that failure to meet the terms of this contract will result in loss of excursion privileges for the remainder of the school year.

Date: _____
Student Name: _____
Student Signature: _____