



Dear 5th Grade families,

As we begin to approach the end of the school year, we would like to continue our tradition of celebrating this memorable year with Archimedean Academy's 5th Grade Banquet at the [Vista Lago Ballroom](#). The banquet will take place on **Wednesday, May 28th** and will be a **student-only event** as it will take place during school hours and will be conducted as a school field trip. Our teachers and PTO will host the event, which will include a delicious lunch, followed by music and dancing. The cost of the banquet luncheon is \$41, which includes bus transportation to and from our school, the site, luncheon, DJ and a photo booth.

Payment can be submitted online at the [Archie Kids PTO website](#). Please complete the attached field trip form and submit it to your child's homeroom teacher no later than **Friday, May 16th**.

Scholars should be dressed to impress that day in festive attire or smart casual wear.

Should you have any questions or financial concerns, please contact Mrs. Gonzalez by email at leilani.gonzalez@archimedean.org. We want to be sure each scholar is able to attend.

Thank you for your continued support in making this a spectacular year for your child!

The 5th Grade Team





MIAMI DADE COUNTY PUBLIC SCHOOLS
PARENT PERMISSION FORM -- FIELD TRIP

Field trips are not mandatory. They are designed to enhance curriculum, to encourage student participation in extra-curricular activities, and to serve as community service projects.

SECTION I. IDENTIFYING INFORMATION

SCHOOL Archimedean Academy DATE _____

STUDENT'S NAME _____ I.D. NO. _____ GRADE/HR _____

SECTION II. NOTIFICATION TO PARENT

5th Grade is planning a field trip for Archimedean Academy 5th Gr to Vista Lago 12800 SW 128th St
School Group Sponsor Name Name of School Group Destination

The purpose of the trip is 5th Grade End of the Year Banquet

TRANSPORTATION: Private Vehicle _____ Bus _____ Airline _____ Other _____
Name of Carrier Please Specify

This trip will be chaperoned by 12 Cost to each student \$ \$41
(Total Number of Chaperones)

I understand that if I am unable to pay for the cost of this trip, and I want my child to participate, where appropriate, my child will be given an opportunity to raise funds through authorized fund-raising activities, or be given assistance in identifying another funding source. (This provision does not apply to activities not directly related to classroom instruction, e.g., Grad Bash, football games, banquets, etc.)

DATE(S) OF TRIP : (Include departure/return time) FROM Wed, May 28, 2025 TO Wed, May 28, 2025

--The above time schedule and/or personnel may be changed due to unforeseen circumstances. --

PLEASE KEEP THE TOP PORTION FOR YOUR INFORMATION.

RETURN THE BOTTOM PORTION TO THE TEACHER.

SECTION III. PARENT/GUARDIAN'S WRITTEN PERMISSION TO PARTICIPATE IN ACTIVITY

I hereby give permission for my child _____ Student I.D. No. _____
(Child's Name)

to participate in the field trip to Vista Lago 12800 SW 128th St Miami, FL 33186
(Destination)

DATE(S) OF TRIP : (Include departure/return time) FROM Wed, May 28, 2025 TO Wed, May 28, 2025

I have completed the EMERGENCY CONTACT INFORMATION in Section IV (see below).

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

SECTION IV. EMERGENCY CONTACT INFORMATION

1. Name of parent/guardian _____
2. Parent/Guardian Phone No(s). Home _____ Business _____ Cell _____
3. In case parent/guardian cannot be reached, please contact: _____ Relationship _____ Telephone No. _____
4. Please list any insurance policy covering your child _____ Policy No. _____
5. Physician's Name _____ Telephone No. _____
5. Only if applicable, complete the following:
 - a. My child has the following medical problem: _____
 - b. My child takes the following medications regularly: _____
(Proper Medical form #2702 is on file at the school)
 - c. My child has the following allergies: _____

I AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN CASE OF ACCIDENT OR ILLNESS WHILE ON THE TRIP.

PARENT/GUARDIAN SIGNATURE _____ DATE _____