September 23, 2026

Dear STEM Parents:

The STEM 11th and 12th grade students will be participating in a field trip to Infinity Science Center in Pearlington, MS (https://www.visitinfinity.com/) on October 22, 2026. While there the students will participate in hands-on exhibits and participate in authentic, real-world connections to the concepts they study in science, technology, engineering and mathematic courses.

The total cost for the field trip is **$21.50**. This covers their admission fee ($10.00), the 3D Movie Experience fee ($3.00), and lunch at the center ($8.50). Please have your student pay all fees to our bookkeeper, Ms. Niya James.

If your student is participating, please complete **the Field Trip consent form, the lunch form,** and **pay the necessary fees** no later than **October 5, 2026**.

If you have any questions, please contact me.

Sincerely,

Billie Duncan
STEM Program Administrator

ST. JOHN THE BAPTIST PARISH
SJBP
PUBLIC SCHOOLS

Consent Form for Field Trips/Excursions

School Name: East St. John (STEM)

Students Name: _____ Grade: _____

Homeroom Teacher: _____

NOTE TO PARENTS:

Please read the contents of this consent form before signing it. If you have any concerns regarding the arrangements for supervision, DO NOT CONSENT TO YOUR CHILD'S PARTICIPATION. If this consent form is not signed and returned to the school ten days prior to the date of the trip, your child WILL NOT BE ALLOWED TO ATTEND.

AUTHORIZATION:

I/We, understand that the School District (hereinafter called "the board" which term shall include the Board's successors and assigns, principals, teachers, duly appointed chaperons, employees, and their heirs, executors and assigns) arranges, excursions or tours which, at the option of the Board, have definite educational, athletic, or cultural value and are an integral part of the Board's program.

I/We, being the parent(s) or guardian(s) of _____(hereinafter called "the student") consent to the student participating in any such tours or excursions arranged by the Board, and we authorize the participation by the student. It is understood that my/our consent and authorization are subject to the following conditions:

1. The Board accepting responsibility for any injuries or damages which may be suffered by the student while involved in any such tour or excursion which results from the negligence of the Board.
2. I hereby authorize any of the adult supervisors on the tour or excursion to consent to any medical attention the student requires while on the trip and make any arrangements they feel are required for special transportations (for example, transport by ambulance)
3. I assume all the responsibility for the costs, as insurance, etc. may be limited (i.e., in foreign countries) and which can be expanded by additional private insurance for sickness and hospital expenses. I/We acknowledge that additional insurance for student's coverage is a parental responsibility, especially as problems arise where no negligence is apparent.
4. The Board (usually the school) advising we/us in writing of the following particulars of any tour or excursion at least three school days prior to the intended date of the tour or excursion:

   Description of Tour or Excursion:

   a. destination: Infinity Science Center
   b. arranged supervision;
   c. date(s) and time(s): October 22, 2026 - 8:00am - 1:30pm
   d. mode of transportation: School buses
   e. costs, if any: _____
   f. and a local telephone number through which additional information on tour or excursion may be obtained: 288-533-9025

5. Description of Supervision:

   Adult supervisors will supervise the students:

   a. on the bus to and from the field trip destination.
   b. any other details to be filled in by school, if applicable

6. My/Our having the right to advise the Board, in writing, at least two school days before the commencement of any particular tour or excursion, that I/we do not consent to the student participating in the tour or excursion, in which event my/our consent and authorization will be considered as withdrawn for the particular tour or excursion and the student shall not be allowed by the Board to participate in such tour or excursion. All cost which are non-refundable or increased by my/our refusal will be borne by me/us.
7. This consent and authorization will be in effect for the current school year only.

CONDITIONS:

1. Students and parents accept that teachers and others designated as chaperones will be in complete charge of the students. The students are directly answerable to the chaperones for the duration of the trip.
2. Drinking of alcoholic beverages, regardless of age, and/or possession of drugs is not permitted and could result in an immediate return home at the expense of the parent or guardian.
3. Students are expected to conduct themselves in a responsible manner, keeping in mind that they are acting as representatives of the school and the Parish.
4. Medical information has been provided.
5. In case of loss or theft of the original: (applies only to out-of-state or country field trips/excursions).
    a. Travel to Canada/Mexico/Overseas: A copy of the student's Birth Certificate and Passport must be given to the supervisor.

I have read, understood and agreed to abide by the conditions listed above:

Student Name: _____

Student Signature: _____

Student Medical Alerts:

My child has a medical condition: (circle one) Yes No
If yes please explain: _____

Student Health /Insurance Provider: _____

Insurance Card Number: _____

I hereby grant permission for my son/daughter to participate in the activity noted above.

Information about the purpose of the trip, the supervision, transportation, and other arrangements has been provided to me. I have read, understood and agree to the conditions as outlined.

Signature of Parents/Guardians: _____ Date: _____

Contact Telephone Number: _____Home Telephone Number: _____

Work Telephone Number: _____

If parent has circled "Yes" the child has a medical condition, please send this form to your school nurse 10 days prior to the date of the trip for the nurse's signature.

Nurse's signature: _____

Thank you. I do not wish my child to participate in the field trip. Date: _____

Signature of Parents/Guardians: _____

FIELD TRIP ORDER FORM

INFINITY Ca Fe

ALL BOXES COME WITH A COOKIE & A DRINK.

STUDENT BOX (AGES 9 -17)

$8.50

#OF	
_____	5 oz. Burger with Chips
_____	2 Corn Dog with Chips
_____	3 Chicken Tenders with Chips
_____	2 Slices of Cheese Pizza
_____	2 Slices of Pepperoni Pizza

Total # of Meals: _____ **X $8.50 Each = $**_____

Name: _____ **Group:** ESJH/WSJH STEM Program

Date: October 22, 2026 **Time:** 11:30 - 12:30

Location: Outdoor Pavilion

Order is complete.

_____

Teacher's Signature

Please place your order at least 10 days in advance.

**Other MENU items are available for students at regular price.*

To order contact ISCcafe@visitinfinity.com or call 228-533-9025 x 309.