Dear Parent or Guardian,

Ms. Epting would like to take her Foods and Nutrition 8 classes to the grocery store in Walnut Grove during 1 or 2 regular scheduled classes. When we start to discuss nutrition we like to have students look at labels in the store to compare nutritional information, costs, and other items easier located in the actual store. As we will be off campus for these times, we need to inform you and we will inform your students when this time will occur. If you have any questions or reservations about this activity, please contact us at the school at your earliest convenience. (604 882 0220 ext. 240 or at tepting@sd35.bc.ca)

Sincerely,

Ms. Epting

**Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

❑ Yes, I allow my son or daughter to participate in the grocery store activity

❑ No, I do NOT allow my son or daughter to participate in the grocery store activity

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

**Please ensure that both sides of this letter are signed and returned to Ms. Epting**