

*Final*  
*8/13/25*

Dear Parent/Guardian,

We are excited to inform you that our students will be embarking on a trip to the greater Minneapolis area on Thursday, September 25 until Friday, September 26. This trip will be a way for us to build community amongst the senior class and begin discussions about their senior projects and graduation.

Thursday September 25, 2025	
9:00am	Depart from School
12:00pm	Lunch on the road (fast food stop)
1:00pm	Weisman Museum of Art 333 E River Rd, Minneapolis, MN 55455
3:00pm	Ikea
5:00pm	Hotel Arrival Holiday Inn and Suites 4550 12th Avenue East, Shakopee, Minnesota 55379 United States
6:30pm	Pizza Ranch Dinner
9:30pm	Bedtime

Friday September 26, 2025	
8:00am	Hotel Breakfast
8:45am	Hotel Checkout
9:00am	Minnesota Renaissance Festival 12364 Chestnut Blvd Shakopee, MN 55379
1:30pm	Depart for Home
5:00pm	Return to School

**Transportation:** We will be driving in two minivans driven by the advisors

**Chaperones:** Kendra Gilbertson and Aaron Reimer. The two chaperones will be given the overnight stipend.

**Accommodations:**

Holiday Inn and Suites  
4550 12th Avenue East  
Shakopee, Minnesota 55379 United States

**Cost:** \$75 per student (additionally students will pay for lunches on their own)

**Student Contact Information:**

This is just for the purposes of contact during the trip.

Student Phone Number:

**Emergency Contact Information:**

In case of any emergencies during the trip, please ensure that you are reachable at the following contact numbers:

Parent/Guardian Name:

Contact Number(s):

**Medical Conditions:**

If your child has any medical conditions, allergies, or requires medication, please complete the attached form. If you have any questions please contact Ms. Alicia.

**Permission Slip:**

I, the undersigned, give permission for my child, \_\_\_\_\_, to participate in the overnight field trip to Madison on October 3rd- 4th.

I confirm that I can be reached at the emergency contact numbers provided above in case of any unforeseen circumstances during the trip.

Parent/Guardian Name:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this permission slip and \$75 to Kendra Gilbertson by September 20th. We appreciate your cooperation and support in making this field trip a safe and enriching experience for our students.

Sincerely,

Kendra Gilbertson  
kgilbertson@dce.k12.wi.us