 **ROYAL ROAD ELEMENTARY SCHOOL**

340 Royal Road, Fredericton, NB, E3G 6J9

<http://royalroad.nbed.nb.ca>

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Sheila Legere *Principal*

Mary Brophy *Vice- Principal*

**To Learn, To Grow, To Lead**

Dear Parents/Guardians,

Royal Road School will be providing your child with the opportunity to go skating at the York arena this year. Classes will skate on two separate occasions with two other classes. Transportation will be provided to and from the rink via a school bus for students and teachers only. This year will be a free skate experience. Parents and guardians are welcome to meet classes at the rink and help out with laces as well as skating. All adults and children must have a pair of skates and children must have skating helmets on the ice. Bicycle helmets are NOT permitted to be worn. Mittens/gloves and appropriate winter clothing must be worn while skating. We are also asking that no strollers, or outdoor boots go on the ice as this is a safety concern. If your child does not have skates or a helmet, our school has a few that can be loaned out.

Please sign and return the bottom half of this form to your child’s homeroom teacher.

If you have any questions or concerns please feel free to contact the school. Please see schedule below:

Tuesday, January 15th from 9-10am: Desjardins, Black, Connolly

Tuesday, January 15th from 10-11am: Denovan, Waugh, Brooks

Wednesday, January 16th from 9-10am: Goggin, Perreaux, Carroll

Wednesday, January 16th from 10-11am: Dyker, Hughes (Sidik), Bragdon

Tuesday, January 22nd from 9-10am: Desjardins, Black, Connolly

Tuesday, January 22nd from 10-11am: Denovan, Waugh, Brooks

Wednesday, January 23rd from 9-10am: Welch, El-Khoury, Gomes

Wednesday, January 23rd from 10-11am: Goggin, Perreaux, Deveau

Wednesday, January 30th from 9-10am: McGraw, El-Khoury, Dressaire

Wednesday, January 30th from 10-11am: Dyker, Hughes (Sidik), Bragdon

Tuesday, February 5th from 9-10am: Carroll, Deveau, Theriault

Tuesday, February 5th from 10-11am: Dressaire, Gomes, Welch

Wednesday, February 6th from 9-10am: McGraw, Theriault

Please complete and return portion of the form to your child’s teacher.

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Homeroom Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_ (Y or N)