



ACADEMY
for Health & Medical
SCIENCES

14 Vogt Drive • P.O. Box 6350
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Diane M. Ziegler
Director of Curriculum & Instruction

Michael A. Maddaluna
Superintendent

November 11, 2019

Dear Academy Parents,

Your child will be participating in the New Jersey Science League Qualifying Competition on Monday, January 6th, 2020 at SCVTHS from 2:20 pm to 3:00 pm. Students will need transportation home after the qualifying exam. As per competition rules, the top 6 students then go on to compete at the state level.

In the event that your child qualifies, he/she will be competing with other schools on Thursday, January 9th, 2020. I will send an email to parents of the qualified students. Please check your email listed on Genesis on the evening of January 6th, 2020.

The state competition for January will be held after school at Hillsborough High School. Students will be transported to the testing site and brought back to the Somerset County Vocational and Technical High School's premises. We will arrive back at SCVTHS by about 6:00 pm. You would need to make arrangements to transport your son/daughter home after the competition.

I request you to sign the permission slip below to allow your child to compete in New Jersey Science League. I will also use this permission slip in the event that your child qualifies for the remaining Science League Exams.

The tentative dates for the remaining exams are:

Wednesday Feb 12, 2020; Thursday March 12, 2020; Thursday April 16, 2020.

Please note that exam locations for the February, March, and April exams will be notified to students later. For more information, please visit the New Jersey Science League Website: <http://entnet.com/~personal/njscil/html/>

I look forward to your continued support and partnership.

Thank you.

P. S. Patil

Pratima Patil

Science League Advisor



SOMERSET COUNTY VOCATIONAL & TECHNICAL SCHOOLS

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FIELD TRIP PERMISSION FORM

This permission slip is utilized for school sponsored field trips. Every student participating in a SCVTHS field trip must complete and return this form to the instructor/teacher in charge of the trip at least two (2) weeks before the actual trip.

Student _____ Shop _____ Session (A, B, C) _____

Address _____ City/Town _____ Zip _____

Home Phone _____ Emergency Phone _____

Cell Phone _____ Email _____

I hereby give consent for my child, age _____ to participate in the following school sponsored trip; and furthermore release said from all liability for injuries sustained by my child or resulting from participating in this trip.

*Date & Time of Trip January 9, 2020 Time:2:30pm - 6:00pm Destination Hillsborough High School

Instructor/Teacher in Charge Pratima Patil Signature _____

Parent or Guardian (Circle One)

SHARE TIME STUDENTS ONLY: Permission to participate in the above field trip is granted by the student's sending district.

District _____ School Official's Signature _____

School Official (Print Name) _____

*Permission slip forms must be returned to the Instructor/Teacher in charge at least two weeks prior to the date of the trip. Failure to return signed permission slips on time will determine the student's participation.