

Feb 21, 2015

Dear Parent and/or Guardian,

We welcome your son/daughter to our class "Look Around You". In these next seven weeks, we will be physically exploring many spaces to find wonder in the mundane. While during the first 3 weeks we will stay within MIT campus, in the 4 weeks following that we plan to go out into the surrounding Cambridge area -- specifically Kendall Square, Cambridgeport, Harvard Square and the area around Mt. Auburn Hospital.

Given that we will be going off campus and taking the T, it is important that we have your permission to take your son/daughter around the Cambridge area. Please sign this consent form, indicating your preference from the options below.

Please feel free to email us (X9154-teachers@mit.edu) if you have any questions or would like to schedule a time to meet with us in person.

OPTIONS -- Please read and select only ONE of the following:

Option 1

_____ I GIVE permission for my child to participate in the scheduled activities and/or discussions as described above.

Option 2

_____ I DO NOT GIVE permission for my child to participate in the scheduled activities and/or discussions as described above. I understand that while my child is not involved in the exempted portion of the curriculum, he/she will be provided a safe, supervised place with MIT Educational Studies Program coordinators for the duration of the activity.

Please sign and return by MARCH 7.

I have read this form and have chosen one option from the preceding list.

Name of Student (please print):

Parent/Guardian Signature: _____

Date: _____