Momentos Culturales

Please join me for dinner and entertainment at

The Cuban
987 Stewart Avenue, Garden City
Thecubanny.com
Wednesday, October 2nd
7:00 pm

Transportation will NOT be provided.
Please arrange to have your son/daughter dropped off and picked up.

Price: $29
This price includes soda, appetizers, main course, dessert, tax and tip.

There will be entertainment for us in addition to an authentic Cuban meal.

Don’t forget to write your reflection on your experience (typed and double spaced)

This trip is not mandatory.

There are only 40 spots – it will be 1st come 1st serve
You must have your permission slip and the cash to reserve your spot
Deadline for Permission Slips and Cash - Friday September 27th

Please sign and complete the attached permission slip.
The Cuban

Appetizers

Ensalada Tipica
Iceberg Lettuce, Pineapple, Mango, Avocado, Red Radishes, Red Onion, Tomatoes, Lemon, Mint Vinaigrette

El Cubanito
(Cuban Sliders, Layer of Roasted Pernil, Smoked Ham, Swiss Cheese, Pickles, Brioche Buns, Mustard Sauce Mojo Dipping, Yuquita Fritas)

Entrees (Choose 1)

Ropa Vieja
(Slow Braised Flank Steak, tomatoes, peppers, onions, green Olives, served over white rice)

La Palomia En Cebolla
(Thinly sliced prime beef, marinated in garlic, lime, caramelized onions, parsley, white rice, black beans)

Pollo Sofrito
(Grilled chicken breast, marinated in house sofrito, rice, black bean stew)

Dessert

Churros
H. FRANK CAREY HIGH SCHOOL
PARENT/GUARDIAN PERMISSION FORM

Please read all parts of this two-sided form and provide responses/signatures where prompted.

I give permission for [Name of Parent/Legal Guardian] to give permission for [Name of Student] to attend the following trip: [The Cuban Restaurant (Identify Field/Education Trip)]

Amount due: $29 Due date: 7/27/19

Our goal is to assure that your child is completely safe during his/her field trip. Please list any health concerns (ex: food allergies, seizures, etc.) of which the chaperone should be made aware. Please check one, if yes, include details on the line provided below.

___ My child does not have health issues that may arise during the trip.

___ My child has the following health issues that should be known by the chaperones:

________________________________________________________________________

Complete the following ONLY if the field trip returns AFTER regular dismissal time:

Please check one

X I will be picking up my child.

□ My child will be walking home as usual.
Phone Number: _______________________

Emergency Contact Person and Phone Number (if parent/guardian cannot be reached):

I hereby covenant and agree to release and hold harmless the Sewanhaka Central High School District from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in this field trip.

For overnight trips, I understand and consent to of Board of Education Policy 5530- Search and Seizure which states, “On any school sponsored overnight field trip, sporting event or other extracurricular activity the district shall conduct administrative inspections of luggage and personal property prior to departure. These searches shall be conducted without particularized suspicion of the violation of a school rule. These searches shall be made of all students participating in the event. Prior to departure, parents shall be required to execute a written parental permission slip which shall include a paragraph informing the parent of the district’s luggage search policy. Parents will be informed of the opportunity to be present at the time of departure. The Superintendent of Schools shall submit a written report to the Board of Education at the end of each semester detailing how many searches have been conducted by school.

Parent or Legal Guardian’s Signature ________________________ Date ________________

Student

I understand it is my responsibility to: notify all teachers of this field trip, obtain all assignments beforehand and complete all assignments by the assigned date.

Student's Signature ________________________ Date ________________