

PERMISSION FORM FOR STUDENT FIELD TRIP

Dear Parents:

The following trip has been arranged to complement the instructional program of your student. This trip has been approved according to the Board of Education Policy and guidelines established by the Superintendent of Schools. All school system policies and school rules are in effect for the duration of the trip. If you have any questions, please feel free to contact the Teacher-In-Charge.

Please complete the bottom portion of this form, **detach** and return with cash or check to the Teacher-In-Charge. If you can chaperone, please check the box at the bottom and provide your contact information.

School:	Oakland I	Mills Midd	le School		
Destination:	Chesapeake Shakespeare Company – Baltimore Theater			This trip will be:	
Objective of the trip:	Directly connects to Love and Friendship ELA Curriculum				
Class/Group:	8 th Grade			Student Day	Extended Day
Departure date:	3/22/19	Time:	9:10 am		
Return Date:	3/22/19	Time:	12:30 pm	Overnight	Non School Day
Bus Company:	Bowen's Bus Company				
Public Transport:	N/A			If the trip returns after the regular student day, the parent will pick up the student at the school within 15 minutes of return.	
Cost per student:	\$20				
Checks payable to:	Oakland Mills Middle School				
Due Date:	3/12/19				
Meal Arrangements:	Lunch at school			Alternate plans in case of postponement or cancellation: N/A	
Appropriate Attire:	Dress, khakis/dress pants, skirt, and dress shirt				
Total # of Students:	115				
Anticipated Ratio of Chaperones to Students: 1:15			:15		
There may be a separate attachment detailing the itinerary, special clothing or cash requirements, as well as any additional rules or procedures. Please contact the Teacher-In-Charge as soon as possible if you have any special needs regarding this trip. Teacher-In-Charge: Dorothy Demos Contact number: 410-313-6937					
THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL A TRIP AT ANY TIME IN ORDER TO ENSURE THE SAFETY OF BOTH STUDENTS AND STAFF MEMBERS. IF SUCH A CANCELLATION OCCURS, THE SCHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL LOSS INCURRED BY THE PARENT. THE SCHOOL SYSTEM IS ALSO NOT RESPONSIBLE FOR ANY LOST OR STOLEN PERSONAL ITEMS.					
I GRANT PERMISSION FOR					
ON 3 22 / 19 (PRINT Student Name) (Destination) ON 3 22 / 19 (PRINT Student Name) (Destination) Company					
(Date)				IES OF THE POSITION. MUST	•
PARENT/GUARDIAN NAMESIGNAT				ATURE: X	

IFAS #39502293 Packet Please detach and return this bottom portion with your payment to the Teacher-In-Charge

PHONE NUMBER:

EMAIL:_____