

**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 Mills Middle School		
Destination:	OMMS Media Center		
Objective of the trip:	Guest Author Presentation		
Class/Group:	Whole School		
Departure date:	3/8/17	Time:	8:00 AM
Return Date:	3//17	Time:	11:00 AM
Bus Company:	N/A		
Public Transport:	N/A		
Cost per student:	\$0		
Checks payable to:	N/A		
Due Date:	<b>3/3/17</b>		
Meal Arrangements:	N/A		
Appropriate Attire:	Casual Dress (What you would normally wear to school)		
Total # of Students:	200		
Anticipated Ratio of Chaperones to Students:	1:10		

This trip will be:	
Student Day <input type="checkbox"/>	Extended Day <input type="checkbox"/>
Overnight <input type="checkbox"/>	Non School Day <input type="checkbox"/>

If the trip returns after the regular student day, the parent will pick up the student at the school within 15 minutes of return.

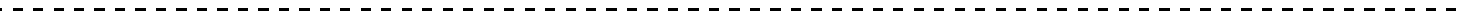
Alternate plans in case of postponement or cancellation:
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There may be a separate attachment detailing the itinerary, special clothing or cash requirements, as well as any additional rules or procedures. Please contact the Teacher-In-Charge as soon as possible if you have any special needs regarding this trip.

Teacher-In-Charge: Mrs. Jennifer Hamilton

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 \_\_\_\_\_ TO GO TO \_\_Guest Author Presentation at OMMS\_\_  
(PRINT Student Name) (Destination)  
 ON \_\_\_\_\_ 3/8/2017 \_\_\_\_\_ . I RECOGNIZE THAT HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD  
(Date)

RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL.

I AM AVAILABLE TO CHAPERONE AND ACCEPT THE DUTIES AND RESPONSIBILITIES OF THE POSITION.

CHAPERONE NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CHAPERONE PHONE NUMBER \_\_\_\_\_ CHAPERONE EMAIL: \_\_\_\_\_

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

Revised 7/2014