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| **PERMISSION FORM FOR STUDENT FIELD TRIP** | | | | | | | |
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| 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. | | | | | | | |
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| Please complete the bottom portion of this form, **detach** and **return with payment to the Teacher-In-Charge**. If your child need a scholarship in order to go on this trip please check below. If you can chaperone, please check the box at the bottom and provide your contact information. | | | | | | | |
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| School: | **Murray Hill Middle School** | | | |  |  | |
| Destination: | **Tersiguel’s** French Restaurant | | | |  | This trip will be: | |
| Objective of the trip: | French culinary culture | | | |  | Student Day | Extended Day |
| Class/Group: | 8th grade | | | |  |
| Departure date: | 4/12 | Time: | | 10:30 am |  | Overnight | Non School Day |
| Return Date: | 4/12 | Time: | | 1:30 pm |  |
| Bus Company: | Bowen’s Bus Service | | | |  | If the trip returns after the regular student day, the parent will pick up the student at the school within 15 minutes of return. | |
| Public Transport: |  | | | |  |
| Cost per student: | $32.00 | | | |  |
| Checks payable to: | Murray Hill Middle School | | | |  |
| Due Date: | March 9th | | | |  |
| Meal Arrangements: | At the restaurant | | | |  | Alternate plans in case of postponement or cancellation:  Trip will be cancel entirely, no make-up date. | |
| Appropriate Attire: | School appropriate attire | | | |  |
| Total # of Students: | 47 | | | |  |
| Anticipated Ratio of Chaperones to Students: | | | 1:15 | |  |
|  | | | | | | | |
| 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. | | | | | | | |
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| Teacher-In-Charge: Ms. Jean-Louis | | | | |  | Contact number: 410-880-5897 | |
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| 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. | | | | | | | |
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| I GRANT PERMISSION FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TO GO TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  (PRINT Student Name) (Destination) (Date)  **Parent signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Payment type:** \_\_\_\_\_\_\_\_\_\_\_ **Online**(OSP) \_\_\_\_\_\_\_\_\_\_\_\_ **Check#(**to Murray Hill) \_\_\_\_\_\_\_\_\_\_\_\_ **Cash** (envelope) \_\_\_\_\_\_\_\_\_\_\_ (need) **Scholarship**  I RECOGNIZE THAT HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL. | | | | | | | |
| * I AM AVAILABLE TO CHAPERONE AND ACCEPT THE DUTIES AND RESPONSIBLITIES OF THE POSITION. | | | | | | | |
| CHAPERONE NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| CHAPERONE PHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | CHAPERONE EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

