PERMISSION FOR STUDENT FIELD TRIP

**Howard County Public School System**

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.

**SCHOOL: *GUILFORD ELEMENTARY SCHOOL*  DATE: *APRIL 20, 2016***

Dear Parents:

The following field trip has been arranged to complement the instructional program. This trip has been approved according to Board of Education Policy and guidelines established by the Superintendent of Schools, and all appropriate 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 at ***410-880-5930***.

Please complete the bottom portion of this form, **detach** and return to the teacher-in-charge by

***Friday, April 29, 2016***.

The HCPSS Finance Office has contracted with the Envision Payment Solutions, Inc. for the electronic collection of check payments. If the check is returned unpaid, Envision Payment Solutions, Inc. will assess a $35 fee allowed by Maryland state law and charged as an electronic fund transfer.

Destination: ***LAKE ELKHORN MIDDLE SCHOOL***

Objective of Trip: ***MIDDLE SCHOOL VISIT***

Class/Group: ***5TH GRADE STUDENTS*** Cost per Student: $ ***FREE***

Departure Date: ***MAY 24, 2016*** Time: ***12:30 PM***  Student Day Extended Day Overnight Non School Day

Return Date:  ***MAY 24, 2016*** Time: ***2:00 PM***

Bus Company: \_***W. DANIELS TRANSPORTATION***  Public Transport: ***N/A***

Total Number of Students: ***50*** Anticipated Ratio of Chaperones to Students: ***8:1***

Meal Arrangements: ***STUDENTS WILL HAVE A REGULAR LUNCH PERIOD AT SCHOOL.***

Appropriate Attire: ***WEATHER APPROPRIATE SCHOOL CLOTHES WITH CLOSED TOED SHOES***

*There may be a separate attachment detailing the itinerary, special clothing or cash requirements, and any additional rules or procedures. Please contact the Teacher-In-Charge as soon as possible if you have any special needs regarding this trip.*

Alternative plans in case of postponement/cancellation: ***NONE***

**TEACHER-IN-CHARGE: *MR. CARTER***

*If you are available to chaperone, please indicate your interest on the form below, You will be contacted directly if your services are needed.* **Please cut, detach, and return with payment to the teacher-in-charge:**

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**I GRANT PERMISSION FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO GO TO *LAKE ELKHORN MIDDLE SCHOOL*\_ ON *MAY 24, 2016*. I RECOGNIZE THAT THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL.**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**NAME OF CHAPERONE VOLUNTEER (PLEASE PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**