PERMISSION FORM FOR STUDENT FIELD TRIP

HOWARD COUNTY
PUBLIC SCHOOL SYSTEM

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.

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.

School:	Atholton High School		
Destination:	Urbana High School		
Objective of the trip:	USBands Competition		
Class/Group:	Atholton Marching Band		
Departure date:	09/16/17	Time:	TBD
Return Date:	09/16/17	Time:	TBD
Bus Company:	TBD		
Public Transport:	N/A		
Cost per student:	$ 0		
Checks payable to:	N/A		
Due Date:	August 14, 2017 (First Day of Band Camp)		
Meal Arrangements:	TBD (Bring money for concessions at the show site)		
Appropriate Attire:	Team Member Shirt and all uniform necessities		
Total # of Students:	94		
Anticipated Ratio of Chaperones to Students:	1:10		

This trip will be:	
Student Day ❑	Extended Day ❑
Overnight ❑	Non School Day ☑

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:

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: Eric Posner

Contact number: 410-313-7075 (Music Office), Day-of TBD

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 Urbana High School
(PRINT Student Name) (Destination)

ON 09/16/17. I RECOGNIZE THAT HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD
(Date)

RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL. PARENT SIGNATURE_____ DATE: _____

❑ I AM AVAILABLE TO CHAPERONE AND ACCEPT THE DUTIES AND RESPONSIBLITIES 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 7/14/2014

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School:	Atholton High School		
Destination:	Broadneck/Severna Park High School		
Objective of the trip:	USBands Competition		
Class/Group:	Atholton Marching Band		
Departure date:	10/07/17	Time:	TBD
Return Date:	10/07/17	Time:	TBD
Bus Company:	TBD		
Public Transport:	N/A		
Cost per student:	$ 0		
Checks payable to:	N/A		
Due Date:	August 14, 2017 (First Day of Band Camp)		
Meal Arrangements:	TBD (Bring money for concessions at the show site)		
Appropriate Attire:	Team Member Shirt and all uniform necessities		
Total # of Students:	94		
Anticipated Ratio of Chaperones to Students:	1:10		

This trip will be:	
Student Day ❑	Extended Day ❑
Overnight ❑	Non School Day ☑

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Teacher-In-Charge: Eric Posner

Contact number: 410-313-7075 (Music Office), Day-of TBD

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I GRANT PERMISSION FOR _____ TO GO TO Broadneck/Severna Park High School
(PRINT Student Name) (Destination)

ON 10/07/17. I RECOGNIZE THAT HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD
(Date)

RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL. PARENT SIGNATURE_____ DATE: _____

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

CHAPERONE NAME_____SIGNATURE_____

CHAPERONE PHONE NUMBER_____ CHAPERONE EMAIL:_____

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School:	Atholton High School		
Destination:	US Naval Academy		
Objective of the trip:	USBands Competition		
Class/Group:	Atholton Marching Band		
Departure date:	10/28/17	Time:	TBD
Return Date:	10/28/17	Time:	TBD
Bus Company:	TBD		
Public Transport:	N/A		
Cost per student:	$ 0		
Checks payable to:	N/A		
Due Date:	August 14, 2017 (First Day of Band Camp)		
Meal Arrangements:	TBD (Bring money for concessions at the show site)		
Appropriate Attire:	Team Member Shirt and all uniform necessities		
Total # of Students:	94		
Anticipated Ratio of Chaperones to Students:	1:10		

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Teacher-In-Charge: Eric Posner

Contact number: 410-313-7075 (Music Office), Day-of TBD

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I GRANT PERMISSION FOR _____ TO GO TO US Naval Academy
(PRINT Student Name) (Destination)

ON 10/28/17. I RECOGNIZE THAT HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD
(Date)

RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL. PARENT SIGNATURE_____ DATE: _____

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CHAPERONE NAME_____SIGNATURE_____

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School:	Atholton High School		
Destination:	University of Maryland College Park		
Objective of the trip:	USBands Competition		
Class/Group:	Atholton Marching Band		
Departure date:	11/04/17	Time:	TBD
Return Date:	11/04/17	Time:	TBD
Bus Company:	TBD		
Public Transport:	N/A		
Cost per student:	$ 0		
Checks payable to:	N/A		
Due Date:	August 14, 2017 (First Day of Band Camp)		
Meal Arrangements:	TBD (Bring money for concessions at the show site)		
Appropriate Attire:	Team Member Shirt and all uniform necessities		
Total # of Students:	94		
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Teacher-In-Charge: Eric Posner

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I GRANT PERMISSION FOR _____ TO GO TO University of Maryland College Park
(PRINT Student Name) (Destination)

ON 11/04/17. I RECOGNIZE THAT HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD
(Date)

RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL. PARENT SIGNATURE_____ DATE: _____

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

CHAPERONE NAME_____SIGNATURE_____

CHAPERONE PHONE NUMBER_____ CHAPERONE EMAIL:_____

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