



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:	Bonnie Branch Middle School		
Destination:	National Museum of African American History and Culture		
Objective of the trip:	To trace the roots of the African American experience from slavery to present day.		
Class/Group:	8 th grade		
Departure date:	March 14, 2018	Time:	8:30 am
Return Date:	March 14, 2018	Time:	2:40 pm
Bus Company:	Woodlawn Motor Coach		
Cost per student:	\$15		
On-line Payments	http://bbms.hcps.org/news/2015/08/online-school-payments-bbms		
Checks payable to:	Bonnie Branch Middle School		
Due Date:	February 22, 2018		
Meal Arrangements:	Bring a bag lunch		
Appropriate Attire:	School attire, no shorts		
Total # of Students:	238		
Anticipated Ratio of Chaperones to Students:	1:10		

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

Alternate plans in case of postponement or cancellation: None
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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. Klose Doreen_Klose@hcps.org Contact number: 410-313-2580

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 _____
(PRINT Student Name) (Destination)
 ON _____, 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: _____