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| **PERMISSION FORM FOR STUDENT FIELD TRIPlogo dark gray 2in** |
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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 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: | Harper’s Choice Middle School |  |  |
| Destination: | NorthBay Adventure Camp |  | This trip will be: |
| Objective of the trip: | Environmental Education  |  | Student Day | Extended Day |
| Class/Group: | 6th grade  |  |
| Departure date: | November 17 | Time: | 9:00 a.m. |  | Overnight | Non School Day |
| Return Date: | November 21 | Time: | 12:00 a.m. |  |
| 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: | $235 |  |
| Checks payable to:  | Harper’s Choice Middle School  |  |
| Due Date: | Forms: October 16 Payment: October 30  |  |
| Meal Arrangements:  | Provided by NorthBay  |  | Alternate plans in case of postponement or cancellation:If the trip needs to be postponed or cancelled, there will be no make up date.  |
| Appropriate Attire:  | Outdoor gear for November  |  |
| Total # of Students: | 150  |   |
| Anticipated Ratio of Chaperones to Students: | 1:15 |   |
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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. |
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| Teacher-In-Charge: Andrea Kelly (andrea\_kelly@hcpss.org) |  | Contact number: 410-313-6929 |
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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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PRINT Student Name) (Destination)  |
| ON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 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.
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| CHAPERONE NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CHAPERONE PHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CHAPERONE EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |