

Anne Arundel County Public Schools
FIELD TRIP PERMISSION LETTER

Dear Parents:

Date Submitted October 20, 2017

The South River SGA have been given permission to take a trip to
(Grade or Class)

Sandy Point State Park on Thursday, January 25, 2018.
(Place) (Day) (Date)

Transportation for this trip will be provided by SMITH BUS SERVICE a
properly insured carrier. The cost of the trip will be \$0 per student.
(Total Cost)

This amount includes N/A for N/A.
(Cost) (Admission fee, lunch, etc.)

Please be advised that **ALL** field trips are subject to cancellation **AT ANY TIME** by the Board of Education, the Superintendent of Schools or the Superintendent's designee, when in their sole discretion, cancellation is in the best interests of students and staff. In such cases, parents and students bear the risk of loss for financial or other commitments they have made. The Board of Education, its employees and agents will not be responsible for any losses arising from cancellations.

The group will be accompanied by teachers and adult chaperones in accordance with the established ratio of adults to the number of students taking the trip. The students will leave the school at 8:30AM (Time) and return by approximately 1:45PM (Time). Please sign and return the lower part of this form to the school if your child has your permission to go on this trip.

Sincerely,

Teacher

APPROVED: _____
Principal

South River High School
School

PERMISSION SLIP

Please complete and return to the classroom teacher within five school days.

_____ has my permission to make the trip to Sandy Point State Park
(Print Student Name) (Place)

on Thursday, January 25, 2018. I (we) believe that the necessary precautions and plans for
(Date)

the care and supervision of my child during this trip will be taken. I understand I may be
responsible for payment in the event of cancellation or postponement of the field trip.

_____ Parent/Guardian Signature

Please attach information on pertinent physical or medical concerns that the staff should be aware of (i.e., allergic to bee stings, etc.).

Grade _____ Student ID # _____ Advisory Teacher _____