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| **PERMISSION FORM FOR STUDENT FIELD TRIPlogo dark gray 2in** | | | | | | | | |
| November 4, 2019 | | | | | | | | |
| O | | | | | | | | |
| 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 indicate: paid on-line, return with check payable to Hammond Middle School, OR cash, to your child’s Social Studies teacher. 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: | HAMMOND MIDDLE SCHOOL | | | | |  |  | |
| Destination: | Medieval Times, Arundel Mills | | | | |  | This trip will be: | |
| Objective of the trip: | This field trip provides an educational opportunity into the life of Medieval Europe. | | | | |  | Student Day  X | Extended Day |
| Class/Group: | 7th grade students | | | | |  |
| Departure date: | December 6, 2019 | Time: | | 9:30 am | |  | Overnight | Non School Day |
| Return Date: | December 6, 2019 | Time: | | 1:30 pm | |  |
| Bus Company: | Woodlawn Motor Coach | | | | |  | 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: | $48.00 | | | | |  |
| On-line payment | <https://osp.osmsinc.com/HowardMD/> OR check payable to HMS | | | | |  |
| Due Date: | Friday, November 8, 2019 | | | | |  |
| Meal Arrangement: | **Lunch will be provided.** | | | | |  | Alternate plans in case of postponement or cancellation:  **SNOW DATE: Friday, March 27, 2020** | |
| Appropriate Attire: | School clothes | | | | |  |
| Total # of Students: | 200 | | | | |  |
| Anticipated Ratio of Chaperones to Students: | | | 1:15 | | |  |
|  | | | | | | | | |
| 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: Mr. Riley | | | | | |  | Contact number: 410-880-5830 | |
|  | | | | | | | | |
| 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. | | | | | | | | |
|  | | | | | | | | |
| Return permission slip and money to **YOUR SOCIAL STUDIES TEACHER.** Due date: **Friday, November 8, 2019** | | | | | | | | |
| I GRANT PERMISSION FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TO GO TO  MEDIEVAL TIMES | | | | | | | | |
| ON **FRIDAY, DECEMBER 6, 2019**. I RECOGNIZE THAT HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD RESPONSIBLE FOR  CONDITIONS BEYOND THEIR CONTROL.  Paid on-line \_\_\_\_\_\_\_\_\_\_ Cash/check \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PARENT SIGNATURE **­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** DATE: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| If you are able to chaperone, please provide the following information: | | | | | | | | |
| PRINT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| \*\*\* Please **DO NOT** send in chaperone payment until you are notified. Thank you. \*\*\* | | | | | | | | |