Woodlawn High School FIELD TRIP

PARENT PERMISSION FORM

Permission Procedure:

- 1-- Student completes entire left column below.
- 2-- Parent/Guardian completes entire right column.
- 3-- Student promptly returns form to sponsoring teacher.

1	STUDENT'S COLUMN
-	Please PRINT Student's LAST NAME
1	

Student's FIRST NAME

SPONSORING DEPARTMENT Social Studies

Psychology

SPONSORING TEACHER

PURPOSE

Field Research

DAY(S) (CIRCLE)

Mon Tue Wed Thu Fri Sat Sun

DATE

Dec. 21,1998

DEPARTURE TIME

11,00

RETURN TIME

500

TRANSPORTATION (Circle)

County School Bus Chartered Commercial Bus

Other (specify)

Private Vehicle Owner of Vehicle =

Driver of Vehicle =

Transportation: \$ 600

5-10 Other:

PARENTS' COLUMN

(fill in name of student)

has my permission to participate in the schoolsponsored field trip described in the left column.

My son/daughter/ward will be fully responsible for ascertaining and completing all assignments in all regular classes which he/she will miss while on this field trip

I understand that all reasonable precautions will be taken for the safety of the students. I will not hold Woodlawn High School or the Board of Education of Baltimore County or its representatives responsible in case of accident or injury. If a private vehicle which I own will be used to transport students (see left column under "Transportation"), then I give my permission for my vehicle to be used to transport students. If my son/ daughter/ward is to drive or ride as a passenger in a private vehicle, whether or not it is my own vehicle, I grant permission for him/her to do so. I understand that the insurance coverage of the Board of Education of Baltimore County does not cover the occupants of private vehicles used on school field trips. I realize that the Board of Education of Baltimore County can assume no liability by law for damages or injuries sustained while students are being transported in any private vehicle on a field trip.

Signature	
Date	실망하는 하고 하는 바람이다.

If this Field Trip is cancelled and pre-paid fees must be refunded, the refund check should be made payable to:

Name			
_Street	Address		
Zipcod	e T	elej	phone

In the event of emergence Name	y oı	n this Field Trip, contact:
Landline Telephone		MPIA 15 459 1193