School System Transportation Release

DATE __________________________

DEAR ______________________________

(Name of Parent)

( ) Permission is granted for my child, ________________________________ to accompany your group on the field trip described below. In case of emergency you may contact me at __________________________.

( ) I do not wish my child, ________________________________, to accompany your group on the field trip described below.

NOTICE TO PARENTS OR GUARDIANS

A student’s academic credits or grade standing will not be affected by this field trip. Participation is not a requirement.

The vehicles to be used as transportation on this field trip may be school system vehicles.

The student’s election to participate and your consent thereto is a waiver of any claims for personal injury or property damage against the school system.

________________________________
Signature of Student

________________________________
Signature of Parent or Guardian

________________________________
Date

Organization: NMHS Band Programs
Purpose of trip: Performance

Destination: Various Locations
Approximate Mileage: Varying

Date of Trip: TBA
Time of Departure: Varying

Date of Return: TBA
Time of Return: Varying

Trip Cost: ________________________ (Admission Cost _____ Lunch Cost_____

ADOPTED: 2/27/06
Douglas County Board of Education