

Somerville Public Schools FIELD TRIP PERMISSION SLIP

Today's Date: 9/22/17 Name of School Healey
Grade 6 (Name of Class) has scheduled a field trip. We are requesting your

permission for your child to participate in this trip.

Date of Trip 10/10, 1/18, 4/5 Method of Travel bus
Location of Trip Quarybrook Departure Time 10 am
School Staff Member Organizing Trip Ms. Cloutier Return Time 2:30 pm*

Cost: \$9 per trip *dependent on traffic
*Please make sure your child is dressed appropriately for the weather.

To give permission for your child to attend this field trip, please complete, sign and return the lower portion of this form to (class teacher name): homeroom teachers by (date): ASAP

(Keep the top half of this form for your information.)

(Cut along dotted line and return this half by the date noted above.)

Student's Name (please print): _____
(Last Name) (First Name)

I, _____, parent/guardian of _____ give permission to my son/daughter to attend the following field trip:

Date(s) of Field Trip: _____ Location of Field Trip: _____

I understand that my son/daughter is expected to follow all the school rules and regulations as outlined in our School Committee Policies or School Student Conduct rules. I also understand that my son/daughter is expected to adhere to specific field trip communications procedures which will be discussed between students and field trip organizers prior to the trip.

YES, I do or NO, I do not give permission to the Somerville Public Schools to take and use images of my child's participation in this field trip, for lawful purpose and in any form or medium (such as newspaper, internet, District social media sites, etc.) to promote school events.

Please be aware of the following medical or other specific needs of my child:

I hereby release all employees and agents of the Somerville Public Schools from liability; and, assign harmless and indemnify each of them for any claim, judgment, or expense related to any alleged damages.

I can be reached at the following telephone number during the hours of the field trip: (____) _____

Parent/guardian signature Date