

CUMBERLAND COUNTY SCHOOLS**FIELD TRIP INFORMATION/PERMISSION SLIP (Form FT2)**STUDENT'S NAME _____ SCHOOL: Pine Forest High School

STUDENT'S SCHOOL ID NUMBER: _____

A field trip has been planned that will serve as an enrichment experience for those students participating. The trip will serve as a preparatory/follow-up activity to enrich a regularly scheduled part of the instructional program. Students will not be allowed to take the trip unless parental permission is granted. **All lines on the Parental Consent form(below) must be completed. If you do not have a doctor, insurance, cellular phone, etc., please fill in the blank with the word "none".**

The school system is responsible for supervising students; **however, the school system is not responsible for or liable for commercial transportation or transportation in any non-school owned vehicle not being driven by a school employee; or any occurrence or accident beyond its control.** In the event that an accident happens, medical assistance will be sought immediately. The parent will be contacted, and medical charges will be assigned to the parent or guardian. The behavior of our students as it relates to a field trip is of critical importance. Students are always expected to be on their best behavior.

Inappropriate behavior will result in disciplinary action, including in extreme cases being returned home separately at the parent's expense.

The Following Details Are Provided For Your Information:DESTINATION: Patriot 14 - 4761 Lake Valley Dr.SUPERVISING TEACHERS: Vallery, L. King, Maule, Davis, Cain, S. King, Abney, Raynor, Slider, Willis, Sochovka, DormanDEPARTURE DATE: June 5, 2015 TIME: 8:30 a.m.RETURN TO SCHOOL: June 5, 2015 TIME: 12:30 PMMODE OF TRANSPORTATION: School Bus OTHER: n/aOTHER MONIES NEEDED: Money for refreshments ADMISSION, ETC.ARRANGEMENT FOR MEALS: N/A**PARENTAL FIELD TRIP CONSENT FORM**Complete the Following: Destination Patriot 14 Theatre Teachers: Vallery, L. King, etc

I hereby certify that (student's name) _____ has permission to participate in the field trip according to the policies and provisions as stated above. In the event of an accident or medical emergency, I authorize the supervising teachers to seek medical assistance, and I will assume responsibility for all expenses.

Parent Name: _____ Student Name: _____

Phone: Evening: _____ Daytime: _____ Cellular: _____ Pager: _____

Address: _____ Date of Student's Birth: _____

Doctor's Name: _____ Phone Number: _____

Name of Insurance Company: _____ Policy Number: _____

If parent cannot be located in the event of an emergency, contact:

Name: _____ Address: _____

Phone: Evening: _____ Daytime: _____ Cellular: _____ Pager: _____

Parental Approval Signature: _____ Date: ____/____/____

RETURN THIS FORM TO Mrs. Vallery**NO LATER THAN MAY 29, 2015 - THIS IS THE ABSOLUTE DEADLINE****ALL STUDENTS MUST RIDE THE BUS**