

**FIELD TRIP PERMISSION LETTER**

April 7, 2009

Dear Parents:

All CSP students have been given permission to take a trip to Math & Science Day at Six Flags, Bowie MD on May 08, 09, Friday. The trip will be taken on a properly insured carrier. Transportation for this trip will be provided by a county-approved bus company. The cost of the trip will be \$40 per student and \$25 per chaperon parent. PLEASE NOTE THAT SEASON PASSES ARE NOT VALID ON MATH & SCIENCE DAY. STUDENTS MAY TURN THEIR TICKETS INTO A SEASON PASS BY PAYING ADDITIONAL \$30 AT THE GATE.

This amount includes entrance ticket to Six Flags, transportation, and lunch. All other additional expenses are the responsibility of participants.

Please be advised that **ALL** field trips are subject to cancellation **AT ANY TIME** by the Board of Education, the Superintendent of Schools or the Superintendent's designee when, in their sole discretion, cancellation is in the best interests of students and staff. In such cases, parents and students bear the risk of loss for financial or other commitments they have made. The Board of Education, its employees and agents will not be responsible for any losses arising out of cancellations.

The group will be accompanied by teachers and adult chaperones in a reasonable ratio of adults to the number of students taking the trip. The students will leave the school at 8:30 am and return by 6:00 pm Please sign and return the lower part of this form to the school if your child has your permission to go on this trip.

Sincerely,

Mr. AG – Ali Soner Gurbuz  
Teacher

APPROVED: Fatih Kandil  
Principal

Chesapeake Science Point PCS  
School

**PERMISSION SLIP**

**Please complete and return to Mr. G by April 17, 2009.**

\_\_\_\_\_ has my permission to make the trip to \_\_\_\_\_  
(Name) (Place)

on \_\_\_\_\_. I (we) believe that the necessary precautions and plans for  
(Date)

the care and supervision of my child during this trip will be taken. I understand I may be responsible for payment in the event of cancellation or postponement of the field trip.

\_\_\_\_\_  
Phone number in case of emergency

\_\_\_\_\_  
Parent/Guardian Signature

**Pertinent physical or medical concerns that the staff should be aware of (i.e., allergic to bee stings, etc.).**