



Name _____ Mathematics teacher _____

Destination: Stanton College Preparatory & Paxon School for Advanced Studies

Date of Trip: Fri Jan 24, 2014 Cost to Student: None

Time of Departure: 8:15 AM Time of Return: 12:20 pm (Lunch upon return to Landon)

Sponsoring Teachers: Grade 8 Item students need: bring materials for period 7B and 8B to school

This permission slip form must be properly signed and returned before the date of the trip. Permission may **NOT** be phoned into the school. Students who participate in this activity are expected to represent Landon by wearing appropriate clothing, demonstrating good behavior, being courteous and following directions of those in charge.

Any students receiving two Class II referrals OR one or more Class III/IV referral(s) will not be allowed to attend the next field trip; if a student has already paid for that trip, the money will not be refunded. This policy applies to any single day field trips and may be applied as often as necessary throughout the school year. If a student has been ineligible for two field trips during the course of the school year, he/she may not be allowed to attend the end of year field trip and/or any overnight/out of county field trips for the remainder of the year.

Return the bottom form to your mathematics teacher by Thursday January 16, 2014

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Student Name: _____ Mathematics Teacher: _____

Destination: Stanton College Preparatory & Paxon School for Advanced Studies

Date of Trip: Friday, Jan 24, 2014 Cost: None

Items needed n/a Time: 8:15 am – 12:20 pm (Lunch upon return to Landon)

The student named above is given permission to participate in the field trip being sponsored by Landon Middle School. The Duval County School Board and its employees or bus contractors will not be held liable for any injuries or property damage resulting from this activity or while the students are in transit. The Duval County School Board and its employees or agents will provide reasonable care and supervision during this activity. Parents will be responsible for the supervision and transportation of their child before and after the field trip.

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List any medication your child will bring with him/her _____

*** Release form must be on file with the school ***

Signature of Parent/Guardian _____

Date _____ Phone _____

____ Parent coming as a chaperone – email address: _____

____ Drive own car ____ Parent riding on school bus

****Parents: Bring your magnet application – it may be possible to get them signed

Permission Slips must be returned to the Mathematics Teacher by Thursday, Jan. 16, 2014