

NEW PROVIDENCE SCHOOL DISTRICT

FIELD TRIP/ACTIVITY PARENT/GUARDIAN PERMISSION FORM

MIDDLE SCHOOL

DUE APRIL 30th

STUDENT'S NAME: _____ DATE OF ACTIVITY: 6/17/2019

ACTIVITY: Museum of the American Revolution

LOCATION: 3rd & Chestnut Streets, Philadelphia, PA 19106

DEPARTURE TIME: 8:00 RETURN TIME: 3:30-4

TEACHER IN CHARGE: Holly Pizzonia

TRANSPORTATION: District-owned Vehicle Hired Vehicle Other (_____)

COST: \$35 (Make checks payable to New Providence Middle School.)

SPECIAL INSTRUCTIONS: Please bring a bag lunch.

It is important that each student return a response from a parent/guardian indicating whether or not the student will be participating in this activity.

STUDENT RESPONSIBILITY: Student will be expected to behave in an appropriate manner. Any behavior which is believed by the supervisors/chaperones to jeopardize other students or the nature of this activity may result in any involved students' being sent home.

During this trip, parents/guardians can be reached at:

1ST Contact Name: _____ Phone _____ Cell Phone _____

2ND Contact Name: _____ Phone _____ Cell Phone _____

I **DO** grant my child permission to participate in this activity.

My child **WILL NOT** participate in this activity. (Please note: Work will be provided for students who do not participate, and attendance in school on the day of the activity is **mandatory**.)

I give my child permission to **walk home** or be **released without a parent present** upon return.

Parent/Guardian Signature: _____ **Date:** _____

Check if appropriate. Special dietary/medical concerns (Specify below.)

Pursuant to State Law and Board of Education policy, teachers/chaperones are not permitted to administer any medication.