

HAMILTON TOWNSHIP SCHOOL DISTRICT  
SCHOOL: STEINERT

**PARENT PERMISSION FORM**

Dear Parent(s)/Guardian(s):

An educational field trip is being planned involving your child and will be supervised by teacher and parent chaperones. Your child's attendance on this field trip is optional. No grade or credit is attached to attendance on the trip, but there will be follow-up activities associated with the trip upon its return. If you choose not to have your child attend the trip, an appropriate and meaningful program will be planned for him/her during school hours. The district's Pupil Code of Conduct is always in effect during school related activities including field trips. Please complete and return the bottom portion to the trip sponsor or main office on or before MARCH 18.

Date of Trip: APRIL 3, 2014 Student Cost: PRE PAID Mr. Weber PRINCIPAL

Type of Event & Event Address: New York Itinerary  
Broadway choral workshop - Sony Hall 235 West 46<sup>th</sup> Street 10-1130am 1675 SF

Departure Time: 7:30  
Lunch - Johns Pizza 260 west 44<sup>th</sup> 12-100  
Beautiful Matinee Stephen Sondheim Theatre 124 west 44<sup>th</sup> 200-430

Type Of Transportation For This Event: Walk School Bus  Charter Bus Auto Other\*  
(circle one)

\*Explain Other: \_\_\_\_\_

**DETACH HERE - PARENT PERMISSION FORM -- GIVE TO TRIP SPONSOR OR MAIN OFFICE**

SCHOOL: STEINERT (STUDENT'S NAME: \_\_\_\_\_)  
TRIP EVENT: BROADWAY TRIP DATE OF TRIP: APRIL 3

Teacher: \_\_\_\_\_  
Class(MS/HS Only): \_\_\_\_\_

Check all that apply below:

- I grant permission for my child to attend the trip
- I prefer not to have my child attend the trip
- I would like the trip sponsor to call me at \_\_\_\_\_ before I reach a decision regarding this trip
- My child suffers from severe life threatening allergic reaction called Anaphylaxis
- The nurse administers medication to my child during school hours
- I will attend the field trip at my own expense to distribute medication to my child
- I will submit a physician's statement indicating that my child may attend the trip without medication
- I request that a substitute school nurse attend the field trip to administer medication (subject to availability)

Parent/Guardian: If the trip lasts beyond the normal school day, please be sure to make arrangements to pick up your child promptly. Because the cost of the trip is divided evenly among the pupils attending, **ONCE A CHILD MAKES A COMMITMENT TO GO AND PAYS HIS/HER FEES, THERE CAN BE NO REFUNDS TO STUDENTS WHO DO NOT GO ON THE TRIP REGARDLESS OF THE REASON.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
IN CASE OF AN EMERGENCY, LIST A CONTACT PERSON TO CALL:  
NAME OF PERSON: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
CELL PHONE #: \_\_\_\_\_ HOME PHONE#: \_\_\_\_\_ WORK: \_\_\_\_\_

**HS & MS ONLY:** Meet with your teachers to find out if you will miss any classwork and have the teacher write the class period then initial.

Per. 1 \_\_\_\_\_ Per. 2 \_\_\_\_\_ Per. 3 \_\_\_\_\_ Per. 4 \_\_\_\_\_ Per. 5 \_\_\_\_\_ Per. 6 \_\_\_\_\_ Per. 7 \_\_\_\_\_ Per. 8 \_\_\_\_\_  
Per. 9 \_\_\_\_\_ Attendance \_\_\_\_\_