

* READ CAREFULLY + RETURN TOMORROW 3/28 *

HAMILTON TOWNSHIP SCHOOL DISTRICT
SCHOOL: STEINERT - HHE

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 _____.

MR. WEBBER, PRINCIPAL

Date of Trip: APRIL 5+6, 2018

Type of Event & Event Address: ROBOTICS MID-ATLANTIC DISTRICT CHAMPIONSHIP
LEHIGH UNIVERSITY, BETHLEHEM PA

Type Of Transportation For This Event: ~~Walk~~ ~~School Bus~~ ~~Charter Bus~~ Auto ~~Other*~~

If you are not personally taking your child to the event and are giving another parent permission to transport your child, we MUST have a SIGNED note attached to the permission slip from BOTH parents involved indicating the arrangement. The note MUST also include emergency contact information for both families.

****NO ONE WILL BE PERMITTED TO ATTEND THIS EVENT ON APRIL 5 & 6 WITHOUT HANDING IN A SIGNED PERMISSION SLIP INDICATING HOW THEY ARE TRAVELING TO THE EVENT. THE PERMISSION SLIP MUST BE TURNED INTO THE ATTENDANCE OFFICE TOMORROW 3/27 DURING SCHOOL OR AT THE PARENT MEETING TOMORROW NIGHT.**

CHECK ONE

- I grant my child permission to attend the event and I will be personally transporting my child to the event.
- I grant my child permission to attend the event and I give permission for _____ to transport my child. Notes from both parties attached.

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 _____