

Ripley's Believe it or Not! Baltimore, MD
PERMISSION SLIP

Chesapeake Math and IT Academy

Dear Parent:

This is to inform you that **CMIT Students** will be taking a Field Trip to **Ripley's Believe it or Not!** on **February 17, 2017**. **The purpose of trip is to gain information different uses of technology to acquire a new understanding of the world around us.** Students intending to participate in said Field Trip are expected to assemble at the school at **regularly schedule time**. Students will be back to **school at 4:00 p.m.** Students will need to be picked up from the CMIT-South cafeteria.

Transportation will be provided by a commercial carrier. The commercial carrier will be **Dillons**.

The cost for each participating student is **\$35.00** to cover admission and transportation, which will be collected on **January 26 & 27**. Kindly make payments to the order of **Chesapeake Math and IT Academy South**. Students will also need to bring a bagged lunch if they have dietary restrictions or specific dietary needs/taste. Students will have the option of purchasing lunch while on the trip.

REQUIREMENTS TO ATTEND

- *MUST NOT HAVE LOST MORE THAN 10 SIS POINTS BETWEEN December 19 AND January 23rd.**
- *NO LEVEL III OR IV DISCIPLINARY VIOLATIONS BETWEEN December 19 AND January 23rd.**
- *MUST PAY THE ABOVE AMOUNT, IN FULL TO RESERVE SPACE. SPACES ARE LIMITED IT IS FIRST COME FIRST SERVED.**

You should also be advised that this payment is non-refundable if your son/daughter cancels the trip participation and no substitute student can be found to take and pay for said trip in his/her place.

Furthermore, please be informed that it is the policy of the Board of Education of Prince George's County that no student is denied the opportunity to participate in a Field Trip for reasons of inability to pay. Accordingly, if you desire to have your son/daughter participate in said Field Trip but are unable to pay please call me at your earliest opportunity.

Sincerely,  _____, Principal

CUT

I/We hereby give permission for our son/daughter _____ to participate in the Field Trip scheduled for **CMIT Academy**, on **February 17, 2017**.

I/We hereby certify that the form to which this Permission Slip has been attached has been read by me/us.

Date: _____ Parent Signature: _____

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_____ (Initial) I would like to chaperone this trip and understand that I must have a Fingerprint Check on file at the front office.		
Name _____	Email _____	Phone _____