



## **BOARD OF EDUCATION OF PRINCE GEORGE'S COUNTY**

| School:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date:                                                                                                                                           |                                             |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--|--|
| Dear Parent(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                 |                                             |  |  |
| This is to inform you that the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                 | is planning                                 |  |  |
| ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (class, group, organization)                                                                                                                    |                                             |  |  |
| a field trip to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (destination)                                                                                                                                   | n                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (destination)                                                                                                                                   | (date)                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                 |                                             |  |  |
| The purpose of this trip is to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                 |                                             |  |  |
| Students intending to participate in said fi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ield trip are expected to assemble at the scho                                                                                                  | ool on the date of the trip at              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                 | (time)                                      |  |  |
| *Because of the departure and/or return time,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | you may be responsible for transporting your ch                                                                                                 | ild to and/or from school                   |  |  |
| Transportation to and from the field trip of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | lestination will be provided by (public s                                                                                                       |                                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (public s                                                                                                                                       | chool bus or authorized commercial carrier) |  |  |
| The cost to each participating student is \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (total cost) A deposit in the amount of S                                                                                                       | G is due on                                 |  |  |
| and the remaining balance of \$ is due on or before (date) (date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                 |                                             |  |  |
| (date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (balance)                                                                                                                                       | n or before(date)                           |  |  |
| Kindly make payments to the order of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Name of authorized travel agency)                                                                                                              | hich is handling all of the                 |  |  |
| arrangements for this trip.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Name of authorized travel agency)                                                                                                              |                                             |  |  |
| In the event of cancellation, the Board of Education of Prince George's County shall assume no responsibility or liability for the failure of any travel agency or other source having assumed the responsibility of making travel arrangements, failing to issue refunds, in whole or in part, to the students originally anticipated to participate in the student trip. *You should also be advised that this payment may be 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. |                                                                                                                                                 |                                             |  |  |
| denied the opportunity to participate in a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s the policy of the Board of Education of Pr<br>Field Trip for reasons on inability to pay. A<br>d Trip but are unable to pay therefore, please | accordingly, if you are desirous of having  |  |  |
| Sincerely,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Supplemental Inforn                                                                                                                             | nation:                                     |  |  |



## **BOARD OF EDUCATION OF PRINCE GEORGE'S COUNTY**

| School:                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date:                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| (Detac                                                                                                                                                                                                                                                                                                         | h here and return with i                                                                                                                                                                | remittance, if requ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | uired)                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| I/We hereby give permission for our so                                                                                                                                                                                                                                                                         | n/daughter                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | to participate in the                                                                                                                                                                                                                                                                                                                                                                                                |                     |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |
| field trip to(destination)                                                                                                                                                                                                                                                                                     | on(date)                                                                                                                                                                                | for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (class, group, organization)                                                                                                                                                                                                                                                                                                                                                                                         |                     |
| being sponsored by                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (vinos, group, organization)                                                                                                                                                                                                                                                                                                                                                                                         |                     |
|                                                                                                                                                                                                                                                                                                                | (sponsori                                                                                                                                                                               | ng teacher)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |
| I/We hereby certify that the information                                                                                                                                                                                                                                                                       | to which this permiss                                                                                                                                                                   | sion slip has bee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | n attached has been read by me/us.                                                                                                                                                                                                                                                                                                                                                                                   |                     |
| Parent's Signature                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |
| PLEASE NOTE THE FOLLOWING                                                                                                                                                                                                                                                                                      | N ADDITION:                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                      | _                   |
| one from the cafeteria. Students who cho- Payments will <b>only</b> be made <b>vi</b> . MySchoolBucks per transaction inc. myschoolbucks.com account. You will account to the students of the permission paying online does not guarantee a permission slip are received. To access CLF portal go to clfportal | rd shirt/tie and unrehase lunch. Stud pose to purchase for a myschoolbuc luded in the prior luded in the from slips will be an a seat. Seats will lorg>Point Rethe field trip. Sturone. | niform botto ents may bring bod must bring ks.com. The ce. If you derived the cepted of the cepted. Please and system adents who lease to the cepted of the | ms and shoes on this field trip.  Ig a bagged lunch from home or may reque g their own money on the day of the trip.  Here is a 3.2% service fee payable to not have an account, please create and date of birth.  Hing homeroom starting November 4th Hease turn in the entire permission slip Heserved for student after payment an  m → login with your credential. Be sur have earned beyond -15 SIS will not be | to<br>a<br>h.<br>p. |
| My son/daughter will be:  □ Bringing mor □ Packing a lun □ Requesting be                                                                                                                                                                                                                                       | = -                                                                                                                                                                                     | eteria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |

□ I would you like to chaperone this trip and I have paid for my seat

## Parent Name/Email Address: