

Holt Jr. High- 8th grade Cedar Point Math and Science Day

Field Trip Permission Slip

Student Name: _____

This permission slip has been signed only after reading, understanding, and considering the following:

1. TRIP PLANNED: To: Cedar Point Amusement Park
Date: Tuesday, May 15, 2012
Departure Time: 6:30 a.m. from the Junior High parking lot
Return: Approximately 10:30 p.m. to the Junior High parking lot

2. TRANSPORTATION: Dean Trailways

3. FIELD TRIP ELIGIBILITY:

- **Students need to be passing 4 out of 6 classes (by May 4) in order to attend the trip.**
- **Students who have had multiple discipline issues (from the start of the school year) will not be allowed to attend the trip.**
- **THERE ARE NO REFUNDS FOR STUDENTS WHO FIND THEMSELVES INELIGIBLE.**

4. OTHER ASPECTS OF THE FIELD TRIP:

Students will be responsible for providing their own food and drink for the day.

Parent chaperones will not be needed for this trip.

**Permission slips and money due:
Deposit of \$35.00* due on Wed., Feb. 15
Final payment of \$35.00* due on Wed. March 28
Please make checks payable to:
"Holt Public Schools"**

***NO REFUNDS WILL BE GIVEN**

5. INSURANCE INFORMATION:

I understand that the Holt Public Schools and its Board of Education do not carry any insurance relative to this trip of for any injuries that may occur to students or their property.

I request that the student named above be allowed to participate in the trip planned and specifically consent to the above method of transportation.

If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) taking, arranging for, or consenting to the procedures or treatment in his / her discretion.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Board of Education, the individual members, agents, employees, and representatives thereof, as well as trip supervisors, from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages, or injuries arising out of, during, or in connection with the student's participation in the trip or the rendering of emergency medical procedures or treatment, if any.

Date: _____ Student's Name: _____

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Home Telephone #: _____ Work/Cell Telephone #: _____

- I may require financial assistance in order for my child to attend. (This will be kept as confidential as possible.)
- Younkers Community Day booklets are available for fundraising. Please see Mrs. Lovejoy in room B8 for information and booklets.

Permission slips should be given to one of the following teachers: Mrs. Lovejoy, Mr. Fink, Mrs. Wardell, Mrs. Parseghian, Mrs. Baker. Please address all questions to: Mary Lovejoy (mlovejoy@hpsk12.net)