

East Hall Middle / Hall County School System
Permission to Participate in Field Trip

6th Grade - Return Completed
Form by Friday, April 14th to your
5th period Connections Teacher.

Student Name: _____ Student ID#: _____

5th Period Connections Teacher: _____ Grade: _____ DATE: _____

This permission form has been signed only after understanding and considering the following information:

1. TRIP PLANNED:
 - a. East Hall High School Performing Arts Center - 3534 E Hall Rd, Gainesville, GA 30507
 - b. Alexandra Diaz Author Presentation (Author of "The Only Road & Crossroads")
 - c. Wednesday, April 19
 - d. **Depart from EHMS: 1:45 PM (Return by the end of connections period)**
2. PURPOSE OF THE TRIP: To promote literacy and support ELA Standards.
3. SUPERVISION: EHMS Connections Teachers
4. TRANSPORTATION: Hall County School Bus
5. INSURANCE: I understand that the Board of Education does not or may not carry any insurance relative to the trip or for injuries to the student. My child has insurance either through the Board's student insurance program or through my own carrier.
6. FUNDS REQUESTED: \$0

I request that the above-named student be allowed to participate in the trip planned and specifically consent to his/her participation. I also authorize the school to obtain through a physician of its own choice any emergency care that may become reasonably necessary for the student during the trip. I further agree not to hold the school or any on acting its behalf responsible for any injury occurring to the above named student during the trip.

Parent/Guardian Signature

Parent/Guardian PRINT NAME

Parent Home Phone

Parent Mobile Phone

Parent Email