Richmond Community Schools

35276 Division * Richmond, Michigan 48062 * (586) 727-3565

FIELD TRIP PERMISSION SLIP

Richmond High S	nd High School Band (School Name) is planning the following field trip to:		
Place: Peach festiva	l parade and M	ISBOA Marching Band Festiv	ral
Date(s): 9/2, 10/1	5 or 10/16		
Teacher(s): Mrs. M	lolly Schack		
Approximate Time:	TBD		
Cost of Field Trip:	\$0		
Transportation Mod	() Contrac	District Bus ted Bus Service by	
I,			dian's Name), give my dent's Name), permission
		ade and MSBOA Marching Band Fe	
	Date) with \underline{WIR}	s. Schack/RHS Band	(Teacher's Name).

As a parent of legal guardian, I remain fully responsible for any legal consequences that may result from any person actions taken by the named student. My son/daughter understands that all school rules must be obeyed. I understand by signing this paper that I have read, understand and am in agreement with all of the above information and the guidelines set forth by the Richmond Community School District and the Student Code-of-Conduct. I also give permission to the chaperone to seek emergency medical attention for my child if necessary.

Parent/Guardian's Signature	Date
EMERGENCY INFORMATION	
Parent/Guardian Name:	
Parent/Guardian Telephone:	
Alternate Emergency Contact Name:	
Alternate Emergency Contact Telephone:	
Insurance Company:	
Policy Number	