South Davie Middle School Band
2016-2017 FIELD TRIP PERMISSION FORM

Dear Parent or Guardian:

Because of your child's involvement with band, he/she will be taking part in a series of field trips during the course of the year. Your child is eligible to participate in the following trip:

Trip Date: **Monday, October 17th** Location: **North Davie MS** Event: **All-County Band Auditions**

Fill out and sign entire permission form, and keep the attached Audition Information for dates and locations
Please return this permission slip and $5 audition fee by October 17th

Audition Transportation: Choose One

Option 1

☐ Student will need transportation to NDMS, and a parent/guardian will pick them up at NDMS upon the completion of their audition.

Option 2

☐ Student will be brought to NDMS by a parent/guardian to audition, and will be taken home by a parent/guardian.

All special activity trip regulations, local school rules, as well as those outlined in the South Davie Student Handbook will be enforced. Students should also exhibit the best behavior possible during this trip. They are representing their families, SDMS, Davie County Schools, and our band program. If behavior is an issue, students will be removed from the rehearsal and parents will be called to come and pick their child up. Students are expected to be respectful, to use their manners, and to be a class act.

Please be advised that the school will take every precaution to provide for the safety of your child on each trip. You are requested to grant permission for your child to attend and participate. You are also requested to relieve the school, the area and county boards, the administrators, the band director, and chaperones of liability for any accident that may occur on these trips.

Thank you,

Justin McCrary
Band Director
South Davie Middle School

Dear Justin McCrary:

I grant permission for my child, _____, to go on the trip listed above and detailed in the attached information. I relieve the school, the constituent and county boards, the administrators, the band director, and chaperones of liability for any accident that may occur.

_____ _____ Parent or Guardian Signature Date

_____ _____
Parent Work or Cell # Emergency Contact Name Phone #

Director Use Only

Date Returned: _____ Fee Paid: _____