

**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: **January 7th, 2017**

Location: **Central Davidson MS
Lexington, NC**

Event: **All-District Band Auditions**

**Money and Form Due Wednesday, November 30th.
Information Attached (Please do not cut this form.)**

Transportation Options (Please Check One)

I plan to pick my child up at CDMS after auditions. My child will ride the bus back to SDMS.

First option is HIGHLY recommended.

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. I have read the attached letter and will make arrangements to pick my student up promptly upon the completion of their audition.

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: _____