

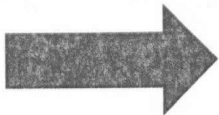
Magnet Coordinator: _____

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
CRYSTAL LAKE MIDDLE SCHOOL
PERMISSION FOR FIELD TRIP

MAGNET

Last Date to Pay: _____

Pay Online Instructions:



Cost of Field Trip:

\$ 0

I/We, the undersigned,

Hereby grant: _____

(PRINT STUDENT'S NAME)

Permission to travel on a CRYSTAL LAKE COMMUNITY MIDDLE SCHOOL

School sponsored trip to Cinemark Palace 2D+XD

as a member of Vocabulary Bowl Challenge

DEPARTURE: 10:00 A.M. / P.M. 11/15/22 RETURN AT ABOUT: 2:00 A.M. / P.M. 11/15/22
Month/Day/Year Month/Day/Year

TRANSPORTATION: ☒ School Bus ☐ Charter Bus ☐ Walk ☐ Staff Member ☐ Private Vehicle

EMERGENCY CONTACT

Name of Parent/Guardian: _____ Cell #: _____

In case of an emergency, I may be reached at: Home #: _____ ; Work#: _____

In the event I cannot be reached please contact:

Name of Person/Establishment: _____ Phone #: _____

HEALTH/ACCIDENT INSURANCE

My child is covered by 24-hour student accident insurance or family insurance.

Insurance Company: _____ Policy #: _____

Or I have attached a photocopy of my family insurance identification card.

_____ I do not have insurance; however, I will pay all medical bills for emergency care for my child.

_____ Any medical problems, please list: _____

Would the Parent/Guardian like to Chaperone? _____ Yes or _____ No

If yes, you must complete a Volunteer Application online at www.getinvolvedineducation.com and confirm with the teacher sponsoring the fieldtrip.

Signature of Chaperone Parent/Guardian (In pen) _____

**Approval for your child to participate in this field trip is contingent upon the student satisfactorily following the School Board of Broward County and Crystal Lake Community School rules of discipline and behavior.

**Field Trips to Busch Gardens, Disney World, Epcot, MGM, Universal Studios and Sea World will have the number of chaperones as required by the School Board of Broward County. The chaperones will not be with the students at all times. Students will be assigned partners and time/locations to check in with their chaperones during the day. A chaperone will be assigned to the clinic/security station at all times.

Dear Parents/Guardians:

The **MAGNET** students at Crystal Lake Middle School will have the opportunity to participate in a **FIELD TRIP** on (Date:_____). This field trip is being provided to enhance our educational programs.

All students attending this trip will be expected to always maintain appropriate school behavior. Approval for your child to participate in this field trip is contingent upon the student satisfactorily following the School Board of Broward County and Crystal Lake Community School rules of discipline and behavior.

Due to the limited space, students will be enrolled on a first-come basis. **The payment and permission slip will reserve a spot for your child.** We will provide full refunds for legitimate reasons if a student is unable to travel, minus any prepaid expenses if applicable. If the trip must be postponed, rescheduling would be dependent upon availability of accommodations and transportation.

The front and back of this form must be completed along with payment before your child's spot is reserved for this field trip.

Student Name: _____
(Print Name)

Parent/Guardian Signature: _____

Date: _____