

GASTON COUNTY SCHOOLS
PARENT/GUARDIAN PERMISSION FOR SCHOOL FIELD TRIP
DAY TRIP

STUDENT _____

SCHOOL South Point High School Date July 31, 2011

TEACHER/CLASS Mr. Tim Hamilton /Marching Band

TRIP INFORMATION "Night Beat" – Drum & Bugle Corp Competition

Place: Rock Hill District Three Stadium, Rock Hill, SC

Date: July 31, 2011 Departure Time: 5pm Return Time: 11:30pm

Method of Transportation: White Activity Bus

Admission: \$30.00 Miscellaneous Cost: Food, Souvenirs', etc...

Retain this part for your information

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DETACH and RETURN to SCHOOL

_____ has my permission to go on the trip to:
(Student's Name)

Rock Hill, SC for "Night Beat" on 7/31/11. In case of an accident or illness, the teachers and/or chaperons for this field trip have my/our permission to seek emergency medical care or treatment. Board policies concerning student behavior, student safety and supervision of students will apply to all students and teachers while they are taking part in school trips.

Gaston County Schools will not be responsible for cancellation fees should an approved trip be cancelled.

Signature of Parent/Guardian _____ Date _____

Contact in case of emergency:

Name: _____

(Home Phone No.)

(Cell No/Work No)

Name: _____

(Home Phone No.)

(Cell No/Work No)