



JOHNSON CITY SCHOOLS

Post Office Box 1517, Johnson City, TN 37605 www.jcschools.org (423) 434-5200 Fax: (423) 218-4968

Dr. Steve Barnett, Superintendent of Schools

Student Field Trip Permission Form 3.404

This portion completed by Teacher

School Science Hill Class Orchestra Approximate # of adults: 7

Location: Louisville, KY

Purpose of Trip: ASTA National Competition

Leaving- Day/Date: March 20, 2024 Time leaving: 12:00PM (Noon)

Returning-Day/Date: March 21, 2024 Time returning: 10:00PM

Cost: \$ N/A Check or Cash Payable to: N/A

Teacher: Susan Lambert Contact information: 423-737-1638

Chaperones Jenkins, Skitt, Prunkard, Linville

Please return permission slip to your child's teacher by March 8, 2024

Choose All that apply/Students will travel by:

JC Transit Bus Charter Bus Chaperone Vehicle Driver Name _____

(Chaperone drivers have been approved by the district through background checks, automobile insurance, and driver's license info)

This portion completed by Parent/Guardian

I give my child (student's name) _____, permission to attend the field trip as detailed above. My child has permission to ride in the vehicle of TodLow Coach Charter Bus.

I enclose \$ _____ (exact cash or check payable to school) to cover the cost of the trip.

I give permission for my child to receive emergency medical treatment. In case of emergency, please contact:

	Name	Phone Number
1.		
2.		
3.		

My child has the following dietary or medical needs:

My child and I are familiar with the school's code of conduct and agree that he/she will abide by all rules and regulations while attending this school function.

Parent/Guardian Signature _____ Date _____

Teacher Signature Susan Sterling Lambert Date 2/26/24