

**Leonardtown High School  
Proposed Field Trip Form**

**To the Parents:**

**Student ID Number:** \_\_\_\_\_

**Date:** 20 FEBRUARY 2025

**Name of Student** \_\_\_\_\_

**Class or Group:** Varsity Swim Team

**Cost (Paid in Advance):** \$55.00

**Destination:** University of Maryland, CP

**Name of Teacher:** Alex Marley

**Departing From:** Leonardtown High School

**Date of Trip:** 21 FEB 2025 – 22 FEB 2025

**Day of the Week:** FRI – SAT

**Time of Departure:** 3:00 PM

**Arrival at Destination:** 5:00 PM

**Time Leaving Destination:** 3:00 PM

**Approximate Time of Return:** 5:00 PM

**Method of Transportation:** School Bus

**I request that my son/ daughter \_\_\_\_\_ be allowed to participate in the field trip listed above. I further assume full responsibility.**

**I would like staff to be aware of my student's following medical condition(s):**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Printed Name of Parent or Guardian**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Insurance Company Name**

\_\_\_\_\_

**Policy Number** \_\_\_\_\_

**Notary Seal and Date (Overnight Trips Only)**