

Charleston County School District
Instructional Field Trip Permission Signature Form

Dear Parent/Legal Guardian:			
The following field trip has been approved:			
Class/Organization: <i>11th & 12th grade Creative Writers</i>			
Destination/Activity: <i>Lake Logan Episcopal Center, Canton, NC</i>			
Departure Date & Time: <i>Wednesday, October 22, 2014, 6:30 am</i>			
Return Date & Time: <i>Friday, October 24, 2014, 5:00 pm</i>			
<input type="checkbox"/> Students shall return in time for regular school dismissal.			
<input checked="" type="checkbox"/> Students shall return after school dismissal. Parents/Legal Guardians shall be responsible for transportation home at the time the trip is over.			
<input type="checkbox"/> Because of your child's involvement in/on the _____, he/she shall be participating in a series of trips during the course of the year. A list of scheduled trips is attached.			
The purpose of the trip is to enhance student achievement of the S. C. Curriculum Standards for: - <i>Students will learn, practice and document the stages of the writing process.</i> - <i>Students will create written work with a clear focus, sufficient detail, coherent organization & effective voice.</i> As a result of this field trip, the students will know and/or be able to: - <i>Students will formulate and develop a concept for their Senior Thesis to be published during the senior year.</i> - <i>Students will share and evaluate other students' works in peer response groups across grade levels.</i>			
This trip is an important part of our instructional program. All students will be assessed on their achievement of the learning objective(s) for the trip. If your child cannot participate, alternate educational activities will be provided at school during the field trip; your child will be expected to attend school as usual.			
All special field trip regulations, local rules and rules outlined in the Charleston County School District Student's Rights and Responsibilities brochure shall be enforced. The school has taken every precaution to provide for the safety of your child. Please insure that your child carries personal identification (e.g., wallet identification card, information card pinned inside pocket for younger children) including the child's name and school, your name and a phone number where you can be reached on the day of the trip.			
The procedure for lunch will be as follows: <i>Meals will be provided by Lake Logan except 1 breakfast & 1 lunch.</i>			
Transportation for this trip will be by: <input type="checkbox"/> CCSD Activity Bus <input type="checkbox"/> Durham School Services <input checked="" type="checkbox"/> Commercial Carrier <input type="checkbox"/> Private Car Driven By: (Specify by name person who will be driving vehicle in which individual child will be a passenger.)			
Cost for the trip will be: \$250 payable in cash or check on or before <i>Sept. 22 (1st payment) & Oct. 6 (2nd payment)</i> Checks should be made payable to <i>SOA</i>			
_____		_____	
9/15/14		_____	
Teacher's Signature	Date	Principal's Signature	Date

I grant permission for my child, _____ to go on the field trip to Lake Logan Episcopal Center, Canton, NC on October 22, 2014 - October 24, 2014.

(or as described on the attached schedule).

I have discussed with my student the expectations for his/her behavior on this trip.

Parent/Legal Guardian Signature

Date

My child has the following medical condition(s):

Please check with the school office to secure directions/medications/information.

