

Solon High School Drama Club

Kristina J. Ferencie, Advisor

Joseph M. Ferencie, Technical Director

FIELD TRIP PERMISSION SLIP

Student's Name: _____

Grade: _____

Field Trip Date: _____ April 10, 2019—Elementary School Musical Preview_____

Departure Time: _____ 7:45 AM _____

Return Time: _____ 2:45 PM _____

Students will travel to Lewis, Roxbury, Parkside, and Orchard to perform selections from *Beauty and the Beast* and promote the show.

I agree to accompany the Drama Club to the field trip above and to abide by all regulations of the school while on the trip.

Student Signature _____

My son/daughter has my permission to accompany the Drama Club on the above-mentioned field trip.

Please check the transportation options you would prefer:

_____ My student has permission to drive him/herself and other students for this field trip.

_____ My student has permission to ride with another student driver for this field trip.

_____ My student has permission to ride with an adult advisor or chaperone for this field trip.

I agree not to hold the school responsible for any liability that may be incurred in traveling to and from this preview.

Parent/Guardian Signature _____

Emergency Phone Number _____