

**Ann Arbor Public Schools
Parent Notification and Consent Form
For Field and /or Athletic Trips**

Dear Parent:

Please complete this form and return to me.

I hereby give permission for my child* _____
Student's full name Grade

to go to Hill Auditorium

on the field or athletic (circle one) trip described below.

Students will attend a musical performance of
Mariachi Vargas de Tecalitlán.

I understand that my child will leave on Friday, April 1st., 9:30 am
Date Time
And is expected to return on Friday, April 1st., 1:00 pm
Date Time

In granting this permission, I assume full responsibility for any damage to person or property caused by my child. I agree that if it is determined that my child needs medical or dental treatment I will be responsible for any such treatment determined necessary by a physician or dentist.

I further agree that if the behavior or health of my child should make it necessary to send him/her home prior to the above return time and date, I will be responsible for those expenses. I understand that no child will be sent home unaccompanied by an adult.

There will be chaperones accompanying the student or groups of students not only during the scheduled activity but whenever they leave the activity site.

Your child will need the following:

Lunch Boots \$7 cash for performance ticket _____

[Signature]
Principal or authorized staff

Hubron HS
School

Signature of parent or guardian

Date of Signature

Address

Home Phone number

City

Work Phone number

Cell Phone number

**This includes children under guardianship, ward, etc.
(158-041) 05/2010

**Ann Arbor Public Schools
Parent Notification and Consent Form
For Field and /or Athletic Trips**

Dear Parent:

Please complete this form and return to me.

I hereby give permission for my child* _____
Student's full name Grade

to go to Michigan Theater

on the field or athletic (circle one) trip described below.

Students will attend a musical performance of
Zafir: Musical Winds from North Africa to
Andalucia.

I understand that my child will leave on Friday, April 15th, 9:30 am
Date Time

And is expected to return on Friday, April 15th, 1:00 pm
Date Time

In granting this permission, I assume full responsibility for any damage to person or property caused by my child. I agree that if it is determined that my child needs medical or dental treatment I will be responsible for any such treatment determined necessary by a physician or dentist.

I further agree that if the behavior or health of my child should make it necessary to send him/her home prior to the above return time and date, I will be responsible for those expenses. I understand that no child will be sent home unaccompanied by an adult.

There will be chaperones accompanying the student or groups of students not only during the scheduled activity but whenever they leave the activity site.

Your child will need the following:

- Lunch Boots \$7 cash for _____

Lisa Bares performance ticket Huron HS
Principal or authorized staff School

Signature of parent or guardian

Date of Signature

Address

Home Phone number

City

Work Phone number

Cell Phone number

**This includes children under guardianship, ward, etc.
(158-041) 05/2010