## Class of 2029 Bridging Ceremony Permission Forms - DUE BY Friday, March 28, 2025 TO STUDENT'S MATH TEACHER

## Madison City Schools Field Trip Permission Slip

	School: Liberty Middle School	Grade:	8	_ Date: _	2/14/25	
	Memorandum to Parents:					
	On 5/16/25 our class will be taking a field trip to James Clemens High School  Name of Place					
	At JCHS Gym  Location	at appr	oximatel		a.m. o'clock.	
	To Liberty Middle School Place of Return	at appro	ximately	11:00 T	a.m. o'clock	
	Mode of Transportation: school bus  We would like for your child to accompany us on our trip. Supervision will be provided for all students. Your child is expected to follow all school/classroom rules.  In event of a date change, you will receive a revised field trip permission slip to sign and return.					
	Please complete, sign and return the lower p	ortion no late	than_	3/2	28/25	
	Teacher's Signature	Su	Principal's	Signature	Sum	
	Madison City Schools Field Trip Permission Slip					
	Teacher Name ELA teacher		School	DI LIBERTY	Wilder Co. 100.	
	I wish					
	To give my permission for my child Child's Name  To accompany your group on the field trip to James Clemens High School Name of Place					
	At _ JCHS Gym	_on		/16/25		
	Location  Does your child have any medical problems		ate of Trip ries that		d be aware of?	
	Will your child require any medication on the	his field trip?				
	Name of Insurance Company: The Madison City School System has my permission to seek any medical treatment necessary for my child during a school-sponsored field trip.  Parent's Contact Number:					
	Signature of Parent or Guardian	_	-	Dat	te	
Perm	nission for Check Out from	JCHS A	After	Bridg	ing Cerer	mony
• .	permission for my student to leave JCHS aftered adult.		·	a legal c	ustodial adult o	or another
	Name(s) of Approved Adult if Not a Legal P					dult Di
note - i	OT give permission for my student to leave J f you decide to check them out the day of ar ocheck your student out.			•		
Parent Signatu	ıre			Date		