

\$534 Per Student (Quad Occupancy Room)

\$574 Chaperone (Double Occupancy Room)

Madison City Schools Field Trip Permission Slip

School: Journey Grade: 6-8 Date: _____

Memorandum to Parents:

On 5/10-5/11 our class will be taking a field trip to Choir Nationals
Date Name of Place

At Dollywood TN at approximately 6:00 AM o'clock.
Location

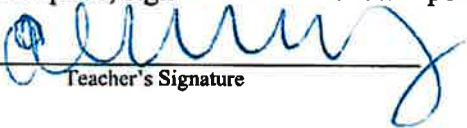
To Journey or TN at approximately 1:00 AM o'clock
Place of Return Time

Mode of Transportation: Bus to event, bus or self provided transportation after .

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 portion no later than _____

* 
Teacher's Signature


Principal's Signature

Madison City Schools Field Trip Permission Slip

Teacher Name Moreno Mulloy (M&M) School Journey

I wish I do not wish

To give my permission for my child _____
Child's Name

To accompany your group on the field trip to Choir Nationals

Friday 5.10.23 - Saturday 5.11.23

At Dollywood TN on _____
Location Date of Trip

Does your child have any medical problems and/or allergies that we should be aware of?

Will your child require any medication on this 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

Date

Revised 2/28/19

*Register and pay via UR Tours website