

**ANCHOR BAY SCHOOLS
2009 - 2010
FIELD TRIP-PARENTAL PERMISSION**

Anchor Bay High School is planning the following field trip:

Place/Event: **Port Huron High School – U of M Band Clinic**

Date(s): **Monday, February 22, 2010**

Teacher(s): **Mr. Visnaw & Ms. Dee**

Approximate Time Involved: **All Day (7:15am – 2:15pm)**

Transportation Mode: **School District Buses**

Lunch: **Students bring their own lunch, or money to purchase food at the Briarwood Mall food Court.**

Parental Contact Numbers: Mother _____
Father _____

Please list below any health problems your child may have (please include any medications that may need to be taken while on the field trip):

PARENT CONSENT FOR TRIP

I, _____(Parent's Name), permit my child,

_____, to participate in the trip to

The University of Michigan Band Clinic at Port Huron High School in Port Huron, Michigan, on

2/22/10. I understand that this trip is part of the District's educational program and provides a

learning experience of educational value to my child.

Parent Signature

Date

****** PLEASE RETURN THIS PERMISSION SLIP BY TUESDAY, FEBRUARY 16th! ******