

**ANCHOR BAY SCHOOLS  
2010 - 2011  
FIELD TRIP-PARENTAL PERMISSION**

Anchor Bay High School is planning the following field trip:

Place/Event: **Port Huron High School – MSU Band Clinic**

Date(s): **Wednesday, February 23, 2011**

Teacher(s): **Mr. Visnaw & Mrs. Schack**

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):

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**PARENT CONSENT FOR TRIP**

I, \_\_\_\_\_(Parent's Name), permit my child,

\_\_\_\_\_, to participate in the trip to

**The Michigan State University Band Clinic at Port Huron High School in Port Huron, Michigan,**

**on 2/23/11.** 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 15<sup>th</sup>! \*\*\*\***