

**FORM 4B**  
**SCHOOL-SANCTIONED EVENT**

Dear Parent / Guardians,

On Friday, May 18, 2018, our Band & Chorus groups would like to participate in a fieldtrip  
(Date) (Grade/class/club)  
to Carowinds (Destination). All students who wish to attend MUST return the signed and

dated permission/release form below by date indicated. **NO SIGNED PERMISSION/RELEASE FORM, NO TRIP!**

The school will provide transportation by  school bus,  charter bus,  privately owned vehicle  rented vehicle driven by CCBOE employee.

SIMS, 6:30am (Point and time of departure) SIMS, 11:30pm (Point and time of anticipated return)

Brief description of activity:  
Students will be participating in the annual Carowinds Festival of Music. We will have the opportunity to perform as well  
as listen to other groups perform. Then we will have a "reward day" in the theme park.

Rules and guidelines for the trip:

All CCBOE rules apply. Also, please see attached.

Thank you for your continued interest and support. We are always seeking to provide opportunities which enhance our classroom instructional programs.

Sincerely  
  
(Principal)

**For Informational Purposes Only:** There is a cost of \$ 120 per student for this activity. Any voluntary contribution you would like to make is greatly appreciated. Please be assured that except for lack of a signed permission / release form, no student will be denied the opportunity to attend, nor will they be penalized for failure to contribute.

Please complete and return this form to Rebekkah Nordan or Tayler Norwood by Friday, April 20, 2018.  
(Teacher's name) (Date)

I give my permission for my child, \_\_\_\_\_, to be transported by:  school bus,  charter bus,  privately owned vehicle  rented vehicle driven by CCBOE employee  
to Carowinds Festival of Music, North Carolina on Friday, May 18, 2018. I understand that my child  
(Destination) (Date)

must obey the rules that are established in terms of proper behavior for this trip, as well as all provisions contained in the CCSS Code of Conduct.

**Emergency Contact Information**

Parent / Guardian \_\_\_\_\_

Phone # Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

If a parent cannot be reached, list nearby person who will assume care of your child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

In case of serious illness / injury, the school will telephone Emergency Medical Services (911) for immediate transportation to the closest hospital. I, the parent /guardian, authorize the transport of and treatment by the hospital emergency staff for my child, \_\_\_\_\_ (Student's name)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_