



PERMISSION FORM FOR STUDENT FIELD TRIP

Dear Parents:

The following trip has been arranged to complement the instructional program of your student. This trip has been approved according to the Board of Education Policy and guidelines established by the Superintendent of Schools. All school system policies and school rules are in effect for the duration of the trip. If you have any questions, please feel free to contact the Teacher-In-Charge.

Please complete the bottom portion of this form, **detach** and return it on the day of Kindergarten Orientation

School:	Manor Woods Elementary School		
Destination:	Terra Maria Neighborhood		
Objective of the trip:	The purpose of this bus ride is to give the kindergarten students an opportunity to ride a school bus and learn the safety rules for riding the school bus.		
Class/Group:	Incoming Kindergarten students		
Departure Date:	21 Aug 2026	Time:	9:30AM
Return Date:	21 Aug 2026	Time:	10:00AM
Bus Company:	BOWENS BUS SERVICE INC		
Other Transport:	Bus		
Cost per student:	No cost to the students		
Checks Payable to	Manor Woods Elementary School		
Due Date:	8/21/2026		
Meal Arrangements:	n/a		
Appropriate Attire:	n/a		
Anticipated Ratio of Chaperones to Students:	1 to 8 Elementary School		

This trip will be:	
Student Day ☐	Extended Day ☐
Overnight and/or Out of State ☐	Non School Day +
Alternate plans in case of postponement/cancellation:	If the trip returns after the regular student day, the parent will pick up the student at the school within 15 minutes of return.

- There may be a separate attachment detailing the itinerary, special clothing or cash requirements, as well as any additional rules or procedures.
- To control costs, hotel room occupancy may result in your student sharing accommodations/beds.
- Please contact the Teacher-In-Charge as soon as possible if you have any special needs regarding this trip.

Teacher-In-Charge: Christa Jacobson

Contact Number: 410-313-7165

THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL A TRIP AT ANY TIME IN ORDER TO ENSURE THE SAFETY OF BOTH STUDENTS AND STAFF MEMBERS. IF SUCH A CANCELLATION OCCURS, THE SCHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL LOSS INCURRED BY THE PARENT. THE SCHOOL SYSTEM IS ALSO NOT RESPONSIBLE FOR ANY LOST OR STOLEN PERSONAL ITEMS.

✂ Detach here and return to school along with your payment or OSP receipt.

I GRANT PERMISSION FOR _____ TO GO TO _____
(PRINT Student Name) (Destination)

ON _____ I RECOGNIZE THAT HCPSS CANNOT BE HELD RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL
(Date)

*PARENT SIGNATURE: _____ DATE: _____