

MONTGOMERY COUNTY PUBLIC SCHOOLS—Student Affairs Office  
1200 Main Street Gaithersburg, MD 20878 301-670-1419 fax 301-670-1407

Please return this completed permission form at the orientation session.

# Student Emerging Leaders Program

## Annual Congressional Hispanic Caucus Legislative Conference

### PARENTAL APPROVAL FOR FIELD TRIP

**Date:** Tuesday, September 13, 2011 **Destination:** Washington Convention Center  
**Field Trip Objective:** Congressional Hispanic Caucus Annual Legislative Conference

#### Transportation Options

**Round Trip:** MCPS Bus—Eastern Middle School (departure 7:00 a.m./return 4:30 p.m.)  
300 University Blvd East, Silver Spring, 20901 (be at the back of the school at 6:45 a.m.)



- One Way:** morning bus from Eastern MS / provide own transportation home
- One Way:** return bus back to Eastern MS / provide own transportation to the conference

**Round Trip:** MCPS Bus—Neelsville Middle School (departure 6:30 a.m./return 4:45 p.m.)  
11700 Neelsville Church Road, Germantown, 20876 (be at the school at 6:15 a.m.)



- One Way:** morning bus from Neelsville MS / provide own transportation home
- One Way:** return bus back to Neelsville MS / provide own transportation to the conference

**Round Trip:** I will provide transportation for my child to attend this program (Washington Convention Center, 801 Mount Vernon Place, N.W., Washington, D.C. - use the L Street entrance). I understand that MCPS registration starts at 7:40 a.m. and the event is over at 3:30 p.m.



**A continental breakfast and lunch are provided for the students.**

*Students who hold the student accident policy available at the beginning of each school year or at the time of entry are covered on an approved field trip within the liability limits of the policy as described in the insurance brochure. The Montgomery County Board of Education maintains public school bus liability insurance with the limits required by the Maryland State Department of Education. Parents should be concerned that they provide such additional coverage as they may desire in excess of the above stated limits.*

**Student name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Do you give permission for this student to go on the above stated field trip?** YES  NO

**I also consent to the use of my son/daughter's picture (no names) to be posted to the MCPS website or to be used on related sites and slide shows relating to the program.** YES  NO

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Phone Number:** \_\_\_\_\_

My parents have approved my participation in the field trip listed above. I know that I am responsible for making up all work that I miss during my absence from classes. I also am aware that I am representing all students in my school and will behave in an ethical and professional manner.

**Student's Signature:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**If you have an emergency the morning of the trip, please call:**  
Eastern MS: Claudia Cadavid 301-580-5305 or Neelsville MS: Karen Crawford at 301-318-6384