

Please return this completed permission (fax 301-670-1407) or scan and attach to an email (Karen_L_Crawford@mcpsmd.org)

RETURN BY THURSDAY, FEBRUARY 17

Student Emerging Leaders Program

Congressional Black and Congressional Hispanic Programs

PARENTAL APPROVAL FOR FIELD TRIP – Congressional Reception

Date: March 8, 2012 Destination: Rayburn Building, Washington, D.C.
Field Trip Objective: Congressional Reception: Student Emerging Leaders Program

Transportation Options (please note if this is round trip or one way going or returning)

MCPS Bus-Montgomery Blair High School (departure 3:15 p.m./return 6:45 p.m.)
51 University Blvd East, Silver Spring, 20901 (be at the school at 3:00 p.m.)
 Student One Guest (Round Trip Going Returning)



MCPS Bus-Wootton High School (departure 3:00 p.m./return 7:00 p.m.)
2100 Wootton Parkway, Rockville, 20850 (be at the school at 2:45 p.m.)
 Student One Guest (Round Trip Going Returning)



MCPS Bus-Clarksburg High School (departure 2:45 p.m./return 7:00 p.m.)
22500 Wims Road, Clarksburg, 20871 (be at the school at 2:35 p.m.)
 Student One Guest (Round Trip Going Returning)



I will provide my own transportation (reception is 4:30 p.m – 6:00 p.m.)
Independence Avenue and South Capitol Street Washington, D.C., 20003 room TBD
 Student One Guest (Round Trip Going Returning)



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 web or to be used on related sites and slide shows relating to the program. YES NO

Parent/Guardian Signature: _____ Date: _____

Emergency Phone Number: _____ (required)

I am also 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 day of the trip, please call:

MCBRE: Claudia Cadavid 301-580-5305

MCPS: Karen Crawford 301-318-6384