



Jonesboro Middle School

"Building a Better Tomorrow, Today"



1308 Arnold St, Jonesboro, GA 30236
Phone 678-610-4331 | Fax 678-610-4347

Dr. Tamika Galbreath
Assistant Principal

Dr. Lorraine Lambert
Assistant Principal

Mrs. Kimberlee Barnett
Principal

Dr. Shyla Ridley
Assistant Principal

Mr. Micxhael Walraven
Assistant Principal

J.M.S. School Field Trip Permission Form

Destination: First Baptist of Jonesboro

Date: May 15, 2025

Homeroom Teacher: _____

Grade: 8th grade

Dear Parent:

Our class is planning an educational study/field trip for our students to the First Baptist of Jonesboro on May 15, 2025. Students on the field trip will be transported by a school district bus. Transportation-related expenses are included in the field trip cost and will not be refunded. Students suspended, repeated violations, or have committed serious violations of our discipline policy when this field trip takes place may be disallowed from participating at the Principal's discretion.

The cost of the field trip is \$5.00.

Does your child have a medical condition that the school should be aware of before allowing your child to participate in a field trip activity? Yes _____ No _____

If yes, please state the nature of the medical condition:

All permission slips must be returned to the school by May 12, 2025 for your child to participate. We must have a signed permission slip on file for each student before he/she is allowed to participate in any field trip activities.

I release and waive, and further agree to indemnify and hold harmless the Board of Education, the individual members, agents, employees, and representatives thereof, as well as trip supervisors, from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, know or unknown, directly or indirectly, for any losses, damages, or injuries arising out of, during or in connection with the student's participation in the trip or the rendering of emergency medical procedures or treatment, if any.

I understand that my child is expected to follow all instructions of the trip supervisor(s) and has been instructed by me.

My child, _____ (child's name)

_____ may participate on the field trip.

_____ may not participate on the field trip.

Parental Signature _____ Date _____

Please provide a contact number if unforeseen circumstances arise or an emergency:

Home _____ Work _____ Mobile/Pager _____



PAY HERE!



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