



# 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: CCPS Performing Arts Center - Beats the Streets

Date: May 8, 2025

Homeroom Teacher: \_\_\_\_\_

Grade: 8th grade

### Dear Parent:

Our class is planning an educational study/field trip for our students to the Beat the Streets musical play on March 11, 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 \$20.00.

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 6, 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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