CHARTER SCHOOL ASSOCIATES

PARENTAL FIELD STUDY PERMISSION/RELEASE FORM

Permission is requested for your child (student) to attend a field study. To give permission for your child to attend this field study, please complete the information in Section II. Return the completed ***Field Study Permission/Release Form*** to the homeroom teacher. Field study payment must be submitted through K12paymentcenter.com, if applicable. If this ***Field Study Permission/Release Form*** is not returned, your child will not be permitted to attend/participate. This form must be signed by the parent(s) and student if over 18 years of age. Both parents should sign if feasible.

SECTION I - FIELD STUDY INFORMATION

NAME OF SCHOOL: Bell Creek Academy

GRADE: 7-12

TEACHER: Shane Byrds

DATE OF FIELD STUDY/ACTIVITY: 2/4/27

STUDY DESTINATION: Straz Center - Tampa Wicked the musical

COST OF FIELD STUDY/ACTIVITY*: $111.00

PURPOSE OF FIELD STUDY/ACTIVITY: For the Band & choir to experience seeing opportunities as musicians in a musical performance setting

Time of Departure: 1 pm

Return Time (Approx.): 5:30pm

Return Permission Slip to your Child's teacher by: 1/28/27

Number of Chaperones: 3

Method of Travel **: Bus

Students must ride to and from the trip on transportation approved by the school.

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 Plan.

The Principal may cancel a planned activity or use of a particular item based upon collection of insufficient funds to cover the cost of the item or activity. Any administrative decision to remove your child from the list of participants, for disciplinary reasons, may result in loss of deposit and/or entire balance.
**When applicable, each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the School Volunteer Form.

SECTION II - PARENT/LEGAL GUARDIAN APPROVAL

FEES ARE NOT REIMBURSABLE

NAME OF STUDENT (Last, First, Middle Initial)

CHECK HERE IF YOU ARE INTERESTED IN CHAPERONING THIS TRIP

☐ Teacher will notify parent if selected as a chaperone

PHONE NUMBER

BUSINESS PHONE NUMBER

CELL NUMBER

EMERGENCY NUMBER

PHYSICIANS NAME & NUMBER

INSURANCE COMPANY & POLICY NUMBER

PAYMENT CONFIRMATION #

☐ K12Pay

☐ Other

Late payments will not be accepted

☐ I do not have insurance; however, I will cover any and all medical bills for emergency care.

OTHER STUDENT INFORMATION (allergies, medications, etc. be specific)

I agree and my child agrees to abide by all rules and safety precautions relating to this field study activity. I am aware that during this field study certain risks are inherent. I understand that this field study activity may involve certain conditions, hazards and potential dangers, including those associated with traveling in the described method of travel or those associated with the facilities or property where the field study will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. My child is participating in these activities on my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field study in which my child will be participating. The School recognizes it's responsibility for it's negligent acts subject to the limits of Section 768.28, Florida Statutes. Based on current Florida Law, the School is not responsible for the negligence of volunteer drivers, when applicable. I hereby agree to release, waive, discharge and covenant not to sue the School and its subsidiaries along with its officers, directors, board members, supervisors, agents, servants or employees from any and all liabilities, claims, demands, or causes of action that may arise from or be related to any loss, damage, or injury, including death, that may be sustained by my child or my child's personal property while my child is participating in the school's programs, field study or activities or while my child is on the premises on which the activity is located. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interest of the child. **I authorize emergency treatment for my child in the event of accident or illness during this field study/activity.**

Signature of Parents/Legal Guardians

Date

Signature of Emancipated Student (18yrs)

Date