**Walsh Middle School Chorus**

**FIELD TRIP PERMISSION FORM**

On **Saturday, May 13th**, the 7th and 8th Grade Members of the Walsh Middle School Chorus will be traveling to the **GREAT EAST MUSIC FESTIVAL** for a competition! (Hosting location TBA)

The competition also includes an afternoon at **SIX FLAGS NEW ENGLAND** where students can enjoy fun at the park and also meet musicians from other schools.



This trip and competition are not mandatory – however, it is a great opportunity for musical growth and competition!

Transportation will be provided by bus – pick-up and drop-off will be at Walsh.

Lunch is **not** provided. Students are asked to bring lunch from home.

Student Fee for Theme Park and Festival: $54 (Checks made out to **Walsh Middle School**)

If there are any financial concerns, please contact Miss McDermott.

Please email Miss McDermott at mmcdermott1@framingham.k12.ma.us with any concerns

**Students will be placed on busses on a first-come, first serve basis. Please return form as soon as possible, no later than February 10th.**

I give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Please Print Full Name) to attend the trip to the Great East Festival on **Saturday, May 13, 2017.** I understand that I will be responsible for dropping off and picking up my child at **Walsh Middle School.**

Please check one of the boxes below:

I will be paying the full amount at this time and have enclosed a check for **$54** with this form

**OPTIONAL:** In addition to my child’s fee, I would like to include a separate donation check to perhaps help a student in need. Amount enclosed:

In case of an emergency, I give permission for my child to receive medical treatment and in the case of such an emergency, please contact:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_