Permission Slip

The Robinswood Middle School Chorus is planning an educational field trip to Edgewater High School to perform in the Orange County's Music Performance Assessment on Saturday, April 5, 2003. **We will leave Robinswood Middle School at 7:30 am** and will return to school at 1:30 pm. This is a graded assignment; please complete the official permission slip below. Your child will not be allowed to go on the trip if the permission slip is not turned in and/or your child does not have at least a 2.0 Grade Point Average. If your child does not attend the trip for any reason, he/she will have to complete a 3-page research paper. The topic will be determined at a later date. *The deadline for turning in the permission slip is Friday, March 28, 2003*. If you would like to chaperone the trip, please contact me, Erica Fricke, as soon as possible at school (407) 296-5140 x230. If we do not have enough chaperones, we cannot go to the festival.

All students need to wear their royal blue Robinswood Middle School Chorus Uniform shirt, plain black pants, black socks and black **shoes** (not sneakers). All students are to leave all necklaces at home. No necklaces! Ladies, your hair needs to be half up or all the way up, earrings smaller than a nickel and no glitter. If you still need to purchase a uniform shirt, I can put the order in no later than April 25th. The shirts are \$18.00 for adult sizes and \$17.00 for a child large.

We will be eating at Edgewater High School. Make sure you bring enough money to buy lunch. Do not bring book bags. There is no reason for you to bring CD players, game boys, extra clothes, etc.

Performance	Times:
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Women's Chorus: 9:30 am Men's Chorus: 11:15 am

Parents, relatives and friends are encouraged to watch the performance even if they are not chaperoning.

Parental Consent / Insurance Participation Form Deadline to turn in permission slip: Friday, March 28, 2003

Deaumie to turn in permission sup: Friday, March 26, 2005			
To: Edgewater High School Re: Music Performance Assessmen	t, Saturday, April 5, 2003		
Student Name:		Grade:	
also give my consent for my child/st permission for the appropriate school medical treatment by a hospital and/ employees harmless in the administra	rudent to be transported in cor ol staff or their designees to re or doctor associated with an ration of such emergency assi	t to engage in this school-approved activity. I nnection with this activity. I further give my ender emergency treatment or authorize injury. I agree to hold the School Board istance. I will abide by Orange County Studentons as well as guidelines set up by Ms. Fricke.	
Insurance Company		Policy Number	
Parent / Guardian Signature	Date	Home Phone Number	
Student's Signature	Date	Work Phone Number	