

James Island Charter High School

1000 Fort Johnson Road
Charleston, SC 29412

(Adapted from CCSD policy IJOA-E(2))

Instructional Field Trip Permission Form

Dear Parent/Legal guardian:

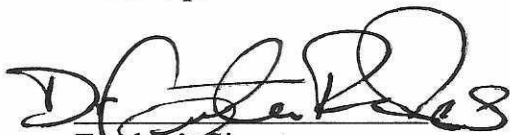
The following field trip has been approved.

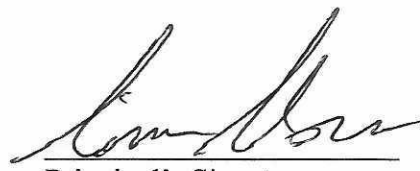
Because of your child's involvement in/on the **James Island Charter High School Band Program**, he/she shall be participating in a series of trips during the course of the year. A list of scheduled trips is attached. The purpose of the trip(s) is to enhance student achievement of the South Carolina curriculum standards for **Instrumental Music (Band)**. As a result of this field trip, the students shall know and/or be able to do the following:

Students will continue working on mastering the SC Performing Arts Standards for Instrumental Ensembles and have a clearer and deeper understanding of playing together in an ensemble setting - including reading music, playing in different styles, playing in tune, reading rhythms, and blending and balancing their part with the entire ensemble. They will have the opportunity to improve their focus and concentration under pressure situations. They will learn about the importance of following directions and following through with commitments and expectations

This trip is important to the enrichment of our instructional program.

All special field trip regulations, local school rules, and rules outlined in the CCSD Student's Rights & Responsibilities brochure shall be enforced. The school has taken every precaution to provide for the safety of your child. **Please ensure that your child carries personal identification including the child's name & school, your name and a phone number where you can be reached the day of the trip.**


Teacher's Signature


Principal's Signature

Parent Signature Form and Emergency Contact Information

I grant permission for my child, _____, to go on the field trip to All
JCHS Band Trips and Functions between August 2022 - June 2023 (or as described in
the attached schedule). I have discussed with my child the expectations for his/her behavior while on
this trip.

Emergency Contact Information

Student:

Last Name First Name MI

Parents/Guardians:

(1) _____
Last Name First Name MI

Relationship to student Telephone number Ext.

(2) _____
Last Name First Name MI

Relationship to student Telephone number Ext.

Emergency Contact:

Last Name First Name MI

Relationship to student Telephone number Ext.

List any allergies, medical conditions, or medications.

Parent/guardian signature

Date