



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(s) has been approved.

Because of your child's involvement in the **James Island Charter High**

School Band, he/she shall be participating in a series of trips during the

course of the year. A list of scheduled trips will be provided. 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

Parent Signature Form

I grant permission for my child, _____,

to go on the field trip to **All JICHS Band Trips and**

Functions on **August 2021 - June 2022**

(or as described in the attached schedule). I have discussed with my child the expectations for his/her behavior while on this trip.

Parent/Legal guardian's Signature

Date

Field Trip Emergency Contact Form

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