



Benjamin Banneker Middle School

A Northeast Consortium School

14800 Perrywood Drive • Burtonsville, MD 20866-1899
www.montgomeryschoolsmd.org/schools/bannekerms/

Phone: 240-740-6250 • Fax: 301-879-1032

December 5, 2024

Dear Parent/Guardian:

The Physical Education Department of Banneker Middle School is sponsoring a "Lifetime Sports and Fitness" field trip on Friday, December 20, 2024. Students will be allowed to choose one of three activities to participate in: Roller Skating, Ice Skating, or Bowling. The objectives of this trip are to provide experiences which will encourage students to seek a leisure time activity for life, to develop competence in the basic skills of these sports, to practice personal and social skills which are needed to function as an acceptable citizen in our society, and to experience the joy of achievement and accomplishment through body movement. Suspensions, office referrals, other behavior concerns, and eligibility will all be taken into consideration to determine if students may attend this field trip.

Students will depart from school at 9:30 am and return at 2:00 p.m. Dismissal from school will be at the regular time of 3:00. Students not participating in the field trip will remain at school and follow a regular school day schedule. The cost for this wonderful experience is only \$25.00. Students may bring a bag lunch or purchase lunch at the facility.

There is a maximum capacity for each facility, so spaces are limited for Bowling, Ice skating and Roller skating. Students who sign up first will be given first choice. Students may turn in their **PROPERLY FILLED OUT PERMISSION SLIPS** beginning Thursday, December 5, 2024, through Monday, December 16, 2024. **Payments are only accepted online**; see Banneker website for our link for the field trip. The absolute final day for registration will be Monday, December 16, 2024. Students should indicate on their permission slip their first and second choice of activity. An emergency telephone number **MUST** be provided on the form. If there is a delayed opening or if school is closed due to inclement weather, the trip will be rescheduled for an alternate date. Transportation will be provided by MCPS approved charter buses.

Sincerely,

Benjamin Banneker's PE/Health Dept.

Approved by:

Mr. Adelekan, Principal



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*Please complete ALL 3 boxes (last box is for transportation on the following page)
BOTH forms require a signature. We will NOT accept incomplete forms.
ONLINE PAYMENTS ARE REQUIRED*

COMPLETE 1 of 3

STUDENT ID #: _____

STUDENT FIRST NAME: _____

STUDENT LAST NAME: _____

1st Choice Activity: _____ (bowling, roller skating, ice skating)

2nd Choice Activity: _____ (bowling, roller skating, ice skating)

COMPLETE 2 of 3

The student's name listed above has my permission to participate in the Lifetime Sports and Fitness Field Trip on Friday, December 20, 2024, from 9:30 a.m. to 2:00 p.m. Transportation will be provided by an MCPS approved bus company.

Parent/Caregiver Signature: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Date the payment was made online: _____

COMPLETE 3 of 3

____ Caregiver **MUST SIGN** the following page to allow their student to ride the bus on the field trip. **FORMS WILL NOT BE COLLECTED** if there is no signature from the caregiver.



Parent/Guardian Approval For Trips MCPS Transportation Is Provided

MCPS Form 555-6
July 2018

Office of School Support and Improvement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

PART I: To Be Completed by the Trip Sponsor.

School Benjamin Banneker MS - 333 Grade Level/Group 6-8

Date(s) of Trip 12/20/2024 From 9:40 a.m./p.m. To 2:10 a.m./p.m.

Location of Trip (include city and state) Laurel and Columbia

Transportation Arrangement: MCPS Bus Student Cost \$ 25.00

Purpose of Trip Lifetime fitness

School Staff Sponsor Baisey, Chicca, Guard, Prietz, Vails, Dow Date 11 / 25 / 24

The student named below may be excused to engage in the above-described activity.

Signature of Principal [Signature] Date 11 / 25 / 24

PART II: To Be Completed by Parent/Guardian, or Eligible Student

A. Parent/Guardian Financial Responsibility

Montgomery County Public Schools (MCPS) wants you to know about your financial responsibility for field trips.

Cost—Depending on the trip, the cost may include transportation, ticket or entrance fee, food, hotel, and/or a travel company's fee.

Payment—Payment may be made by check made out to the school, cash, or, if available, through an online payment system. However, it is recommended that you do not send cash to school with your student(s). A check returned by the bank for any reason is subject to a \$25.00 returned-check fee. Please contact the school counselor or school administrator to make alternative arrangements for payment. Scholarships, reduced fee, or modified payment schedules are available if the cost of the field trip would create a hardship for your family.

Delay, Change, or Cancellation—Sometimes it is necessary to postpone, change, or even cancel a trip for safety, bad weather, or other reasons. Sometimes, when a trip is cancelled, changed, or delayed, cancellation fees or other payments have been made in advance that MCPS cannot get back. For example, there may be transportation reservations, tickets that have been purchased, or fees paid to a travel agent. A refund is not always possible, but we will do our best to refund all or part of your payment.

Additional Cost—If a trip is delayed, interrupted, or changed once it has begun and students need to remain away from home and school longer than anticipated for safety or other reasons, there may be additional costs for such things as food, lodging, and additional or alternative transportation. If this happens, we will do our best to keep additional costs to a minimum, but you are responsible for paying these additional expenses for your child(ren).

B. Prescribed Medication

School personnel will, when it is absolutely necessary, administer medication to students during the school day and while participating in overnight field trips if the parent/guardian has completed MCPS Form 525-13, *Authorization to Administer Prescribed Medication, Release and Indemnification Agreement*, and/or MCPS Form 525-14, *Emergency Care for the Management of a Student with a Diagnosis of Anaphylaxis, Release and Indemnification Agreement for Epinephrine Auto-Injector*.

My child will need medication administered while participating in this field trip. MCPS Form 525-13, and/or MCPS Form 525-14, has been completed (at least one week in advance of the field trip) and is on file in the Health Room at my child's school. **Note:** Prescription medication must be properly labeled by a pharmacist, medication label and authorized prescriber order must be consistent, and over-the-counter medication must be in an original container with the manufacturer's dosage label and safety seal intact. See Forms 525-13 and/or 525-14 for more details.

C. Information Regarding Travel Insurance

Travel insurance may help cover costs if the trip is cancelled, delayed, or interrupted, or if your child is not able to go on the trip for reasons such as an illness. The cost of travel insurance varies depending on the company and plan you choose. Be aware, however, that travel insurance companies will not cover a trip that is cancelled by the school as a precaution. Unless the school has made arrangements for group insurance that is included in the cost of the field trip, the decision on whether to purchase travel insurance is yours. If you wish to purchase travel insurance, you must make the arrangements and pay the cost.

Student Name _____ Teacher _____

I give permission for my child to participate in the above-described activity.

I do NOT give permission for my child to participate in the above-described activity.

I would like to volunteer to chaperone this field trip.*

**Please be advised that all volunteers must complete online training on the prevention, recognition, and reporting of child abuse and neglect. Volunteers for extended-day (returning after 7:00 p.m.), and overnight field trips must also undergo fingerprinting and background checks.*

Parent/Guardian Name _____ Phone Number _____

Emergency Contact _____ Phone Number _____

Parent/Guardian Signature _____ Date ____/____/____

