

Rollings Middle School of Arts
815 South Main Street
Summerville, SC 29483
843-873-3610

Student's Name/Grade (please PRINT): _____

Destination of Trip: _____

Purpose of trip: _____

Method of travel: _____

Sponsor(s)/Chaperones: _____

____ **"I am interested in chaperoning this trip.** You can contact me
at _____ (phone) or email
me at _____ to confirm."

If volunteering to chaperone, please PRINT your name above.

In most cases fees are determined based on group rates and advanced payment is often required by our vendors. For this reason, no refunds for field trip fees will be given.

Any student who has a discipline referral to an administrator two weeks prior to the trip may be unable to attend the trip. A refund will not be given. Any misbehavior will be dealt with in accordance with existing school rules and procedures established for in-school misconduct.

My child has the following medical limitations/allergies: _____

I can be reached at (phone): _____ Alternate Emergency Number: _____

Doctor's name and phone number: _____

Parent Signature _____ Date: _____

Student Signature _____ Date: _____

*This form must be completed by the student's parent/guardian and signed by both the guardian and student. Return this form **with the fieldtrip fee** to _____ by _____.*

Feel free to remove this portion to use as a reminder.

Field trip to: _____ Date of trip: _____ Field trip Fee: _____

Time of Departure: _____ Time Returning: _____ Lunch Plans: _____