**FRIENDS ACADEMY**

**Parent/Guardian Permission Form for Off-Campus Activities or Trips**

**Trip To: Stop N Shop and the INN**

**Trip Date:September 18**

Purpose:

To work with Rock Can Roll while learning about budgeting and hunger. To support local food pantries.

Permission to Participate

My child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may participate in the trip to Stop N Shop (Glen Cove, NY) and the INN (Glen Cove, NY). I permit him/her to travel by bus and to return to Friends Academy upon completion of the trip. I understand that this is a wholly voluntary and extracurricular activity and that I am under no obligation to complete this agreement.

While events and trips have an educational purpose attending trips or events is considered a **privilege** not a right. The school reserves the right to prohibit a student from attending a trip or event based on their academic or behavioral standing/history. In most cases students on disciplinary probation or warning will be excluded from field trips.

Details of Trip

After a short presentation from Rock Can Roll, students will be given funds to purchase food and supplies at Stop N Shop. All purchased food and supplies will then be delivered to the INN. Students will then return to campus.

Student Behavior and Discipline

I acknowledge that my child must strictly adhere to Friends Academy’s Fundamental Standards of behavior as described in the Student and Parent Handbook. I acknowledge that I have read and discussed the rules and expectations with my child.The school will handle all discipline cases in accordance with the policies and procedures described in the Student and Parent Handbook.

**Hold Harmless Agreement and Release**

In consideration for being allowed to participate in this activity, I agree to hold the supervisor(s) and coordinator(s) of this activity, Friends Academy, its Board of Trustees, agents, officers and employees harmless for any and all direct, indirect, special or consequential damages, or costs, legal or otherwise, which I may incur as a result of my participation in this activity(ies) even if due to the negligence of Friends Academy or any person serving in the above-identified capacities

Signature of Participant: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form no later than: Wednesday September 16**