

**DEMAREST MIDDLE SCHOOL
DEMAREST, NEW JERSEY**

FORM #2

PARENTAL RESPONSIBILITY

Dear Mr. Regan,

I assume full responsibility for the conduct and welfare of my child,

_____ during the entire overnight field trip.

(Please Print)

If my child's behavior is unacceptable, you have my permission to call me and inform me of the problem. I understand that my child may be excluded from trip activities for a designated period of time.

I am aware that if necessary, the administrator has the right to contact any parent(s)/guardian(s) to pick up my child from the trip.

I have discussed the necessity of proper conduct with my child and I am sure he/she understands exactly what is expected.

Date

Parent/Guardian's Signature

Telephone Number

Student's Name (Please Print)

Student's Signature

Homeroom Teacher