



**COLLEGE READY.
CAREER READY.
LIFE READY.**

EAST BRUNSWICK MAGNET SCHOOL

Michael Cappiello, *Principal*
Joseph Adochio, *Assistant Principal*
Kelly Nakielny, *Assistant Principal*
Jason Garzone, *Assistant Principal*

Field Trip Permission Form

Event: _____

Location: _____

Date: ____ / ____ / ____ Time Leaving East Brunswick: _____ Anticipated Time of
Return: _____

Instructor(s): _____

STUDENT'S NAME: _____

I give my permission for my child to participate/attend this event.

Parent Signature _____ Date _____

Emergency Phone Number: Cell (____) _____ Home (____) _____

The both above named parents/guardians for themselves and their personal representative, heirs and assigns, hereby release and forever discharge Middlesex County Magnet School District-East Brunswick Campus and its employees, agents, directors and officers of and from any and every claim, demand, action or right of action of whatever kind or nature, including any claim arising from or by reason of any damage or loss in the event of illness, accident or other emergency that may occur as an outcome of this transportation agreement.

732-254-8700 | 112 Rues Lane, East Brunswick, NJ 08816 | mcmsnj.net