Dear Parents and Guardians:

As you know, our class is participating in an exciting workforce development and financial education program called JA BizTown. We will soon be visiting the JA BizTown facility to participate in the interactive simulation.

Our on-site class visit is scheduled for ________________________ (date). We will be leaving school at ________________ (time) and returning at ________________ (time).

JA BizTown does not provide lunches for students. Students must either bring a bagged lunch (labeled with his or her name) or a school provided lunch. There is no access to refrigeration or microwaves at JA BizTown.

Students are videotaped or photographed daily by the student camera operator working at JA BizTown. The recording and photographs are given to the school for later viewing in our classroom. The JA BizTown experience may also be photographed or videotaped by JA staff, volunteers and, on occasion, external media for promotional use.

Please complete the form below to give permission for your child to accompany us to JA BizTown and to inform us of your preferences for including or omitting your child from any such recording or photography.

This form must be signed and returned to us by __________________________ (date) for your child to participate in the visit.

Sincerely,

________________________________________
( teacher signature)

Field Trip Attendance:

_____ Yes, my child has my permission to accompany the class to JA BizTown.

_____ No, my child cannot accompany the class to JA BizTown.

Photographs and Video Recordings:

Do you give Junior Achievement of Central Maryland permission to use photographs/videos/testimonials of your child in JA Promotional Materials or other local media?

_____ Yes, I give my permission for my child to be photographed or videotaped for publicity purposes.

_____ No, I do not give my permission for my child to be photographed or videotaped for publicity purposes.

Student Name: ___________________________ School Name: ___________________________

Parent Signature: ___________________________ Date: ___________________________