

## SECONDARY SCHOOL FIELD TRIP PERMISSION FORM

Student Name: \_\_\_\_\_ Student # \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Any medical concerns: \_\_\_\_\_

Dear Parent/Guardian:

The following field trip has been planned to \_\_\_\_\_  
 for your child's \_\_\_\_\_ course.

PERIOD	DATE	LEAVE SCHOOL	RETURN TO SCHOOL	STUDENT COST
--------	------	--------------	------------------	--------------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

Transportation will be by:

- ☐ Public transportation (students responsible for travelling to & from field trip destination without teacher supervision).
- ☐ Public transportation (students will utilize public transportation under teacher supervision).
- ☐ Chartered bus with teacher supervision.
- ☐ Private automobiles – student driving other students.
- ☐ Other: \_\_\_\_\_

PERIOD	COURSE	SIGNATURE OF COURSE TEACHER	TEACHER COMMENTS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Teacher in charge of this field trip is:

\_\_\_\_\_  
 Signature of Teacher

\_\_\_\_\_  
 Print name

My child has my permission to take part in this field trip.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Print name

Note: This field trip is an enhancement of the course and is not required for the successful completion of the course. Therefore, attendance is optional. Alternate provisions will be provided to those students who choose not to participate in the field trip.