

\_\_\_\_\_

\_\_\_\_\_

Classes participating: \_\_\_\_\_

Destination \_\_\_\_\_ Phone number: \_\_\_\_\_

City/Town: \_\_\_\_\_

Date of Trip: \_\_\_\_\_ Make-up date: \_\_\_\_\_

Departure time: \_\_\_\_\_ Departure location: \_\_\_\_\_

Return time (arrival at return location): \_\_\_\_\_ Return location: \_\_\_\_\_

Type of Transportation: Bus \_\_\_\_\_ Walking \_\_\_\_\_ Other \_\_\_\_\_

Cost: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RETURN THIS PERMISSION SLIP TO THE TEACHER BY \_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_

As parent/guardian of the above named student, I give permission for him/her to attend the \_\_\_\_\_ School field trip to \_\_\_\_\_ on \_\_\_\_\_.

My signature indicates that I have discussed the District Code of Conduct with my child and understand that this Code of Conduct also applies to all field trips. I confirm that updated health records are on file at the medical office at the school. Permission is also granted to the supervising teacher to seek and obtain emergency medical assistance and services for my child, if required, and I am not available.

Health concerns to be aware of, such as allergies, asthma, etc. (Please indicate any medications):

\_\_\_\_\_  
\_\_\_\_\_



School: \_\_\_\_\_

We will require additional chaperones for our field trip to \_\_\_\_\_ on \_\_\_\_\_ . If you are interested in chaperoning, please return this page with your child's permission slip.

- District practice only permits legal guardians of a children attending the field trip as eligible chaperones.
- Chaperones must be approved as a volunteer (policy #1250) in advance of the field trip.
- District policy supports only enrolled students participating in field trips. No siblings are allowed.

\_\_\_\_\_ We are able to accommodate all chaperones. The cost for chaperones will be \$\_\_\_\_\_. Please send payment with this form. Cash or check payable to: \_\_\_\_\_.

\_\_\_\_\_ We are limited to the number of chaperones on this trip. The cost for chaperones will be \$\_\_\_\_\_. If you are interested in chaperoning, please return this form with payment. If we are not able to bring all interested parents, your money will be refunded to you. Parents who have not chaperoned trips this year will have first priority.

\_\_\_\_\_ We are limited to the number of chaperones on this trip. The cost for chaperones will be \$\_\_\_\_\_. If you are interested in chaperoning, please return this form. No payment is necessary at this time. If we are able to accommodate your request, you will be notified and payment can be made at that time. Parents who have not chaperoned trips this year will have first priority.

\_\_\_\_\_ Thank you for your interest in chaperoning this trip, no additional chaperones are needed.

Signature of parent/guardian

Date

Student name: \_\_\_\_\_ Teacher: \_\_\_\_\_