



# SECONDARY SCHOOL FIELD TRIP PERMISSION FORM

RETHINK ICBC/RCMP/CITY MEETING

Student Name: \_\_\_\_\_

Student ID# \_\_\_\_\_ Student Phone # \_\_\_\_\_

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

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

Dear Parent/Guardian:

The following field trip has been planned to Room 218 -> Follow up Meeting for Pedestrian Safety Campaign

For your son/daughter's Rethink course.

BLOCK	DATE	LEAVE SCHOOL	RETURN TO SCHOOL	STUDENT COST
<u>3</u>	<u>Tues. Nov. 28</u>	<u>Ø</u>	<u>Ø</u>	<u>Ø</u>

Transportation will be by:

- a) Public transportation (students responsible for traveling to and from field trip destination without teacher supervision)
- b) Public transportation (students will utilize public transportation under teacher supervision)
- c) Chartered bus with teacher supervision
- d) Private transportation – student driving other students
- e) Other: walk to Room 218 for Block 3.

PERIOD	BLOCK	SIGNATURE OF COURSE TEACHER	TEACHER COMMENTS
_____	<u>3</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Staff Member in charge of this field trip is:

[Signature]

Signature of Staff Member

My son/daughter has my permission to take part in this field trip.

\_\_\_\_\_

Signature of Parent/Guardian

\*Sponsor teacher must return the completed form to the office before the field trip takes place.