



SECONDARY SCHOOL FIELD TRIP PERMISSION FORM

Student Name: _____

Student ID# _____ Student Phone # _____

Emergency Contact: _____ Phone # _____

Any medical concerns: _____

Dear Parent/Guardian:

The following field trip has been planned to Rethink Room 218

For your son/daughter's Pedestrian Safety Campaign course.

BLOCK	DATE	LEAVE SCHOOL	RETURN TO SCHOOL	STUDENT COST
	<u>Tues. Oct. 11th</u>	<u>—</u>	<u>—</u>	<u>N/A</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 – Tues. Oct. 11th

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.