

Special Event Off-Campus Permission Form

Student's Name: _____

Grade: _____, is invited to participate in the following event:

Activity:

Date of Trip:

Objective of Activity:

Teacher in Charge:

Special Safety Issues:

Special Rules for Students to Follow:

Special Items Needed:

Departure Time:

Approximate Return Time:

Means of Travel:

Cost of Trip:

Food/Lunch:

Other Information:

Parents may choose for their child not to participate in a particular field trip. If this should be the case, the student will not be academically penalized for non-participation, but he/she is not excused from school during the time of the field trip unless of kindergarten age. An alternative assignment and/or supervised study time will be provided for students in grades 1-12.

Special Needs/Parent's Wishes:

If your student has allergies or other medical or special needs, please write them out, sign them, attach them to this sheet and initial below. Please understand that such special needs may prevent a student from participating in some events. Also, if you do not wish for your student to participate in a particular aspect of this trip, please attach a statement to that effect and initial below.

Special student information attached. Parents initial here: _____ If you initialed this space, please also communicate your wishes to your child. Thank you!

Permission to participate is given in accordance with all materials signed upon enrollment and on file at the school office. Attendance for this outing is a privilege that may be revoked if the student is not prepared for the outing or does not comply with the school handbook or supplementary policies. Parents are expected to make travel arrangements and pay for the expenses if a student needs to be returned to school for disciplinary or health reasons from an out-of-town location.

Parental Permission for Participation

I have carefully read all of the above information and understand its terms.

_____ I give permission for my child to participate and agree to the terms for this off-campus activity.

_____ I do not wish my child to participate. Please make other arrangements for him/her.

Father/Guardian's Signature and Date

Mother/Guardian's Signature and Date

Name Printed: _____

Name Printed: _____

(If the child lives with both parents, the release must be signed by both parents/guardians.)

Father's work phone: _____ Father's cell phone: _____ Father's pager: _____

Mother's work phone: _____ Mother's cell phone: _____ Mother's pager: _____

Home Address: _____

NOTICE: Please sign and return this form no later than:

Please note that we cannot accept handwritten notes, phone calls, or other substitutions in lieu of this form. Students who do not return a form with their name filled in and their parents' signatures will not be permitted to attend.

Parent helpers are needed for student events. Your help is appreciated!

Please circle yes or no

Would you be able to serve as a chaperone?

Yes No

Would you be able to serve as a volunteer driver?

Yes No

Have you filled out a Volunteer Driver Application Form?

Yes No