

CHURCHLAND HIGH SCHOOL
FIELD TRIP PERMISSION FORM

TO THE PARENTS OF _____ HR _____ GRADE _____

AT CHURCHLAND HIGH SCHOOL FIELD TRIPS ARE SCHEDULED FROM TIME TO TIME AS A MEANS OF ENRICHING THE CURRICULUM. YOUR SIGNATURE BELOW INDICATES THE SCHOOL HAS PERMISSION TO TAKE YOUR SON/DAUGHTER, A STUDENT AT CHURCHLAND, ON THE FIELD TRIP INDICATED.

SUBJECT: _____ GRADE OR GROUP _____

PURPOSE OF TRIP: _____

DESTINATION: _____

DATE (S) : _____ DEPARTURE TIME: _____

RETURNING TIME: _____

TEACHER RESPONSIBLE: _____

CHAPERONE(S) : _____

COST (IF ANY): _____

TRANSPORTATION; _____

_____ DATE

_____ PARENT'S SIGNATURE

WORK PHONE _____

HOME PHONE _____

IN CASE OF ILLNESS OR ACCIDENT ON THE FIELD TRIP, I GIVE MY PERMISSION FOR THE STUDENT NAMED ABOVE TO RECEIVE HOSPITAL AND/OR EMERGENCY TREATMENT.

IN CASE OF AN EMERGENCY CALL: _____ (PERSON),
_____ (TELEPHONE #)

CLASSROOM TEACHER AWARENESS/MAKE-UP WORK APPROVAL
(SIGNATURES)

HOMEROOM _____ 3rd BLOCK _____

1st BLOCK _____ 4th BLOCK _____

2nd BLOCK _____

THE STUDENT UNDERSTANDS THAT WORK MUST BE MADE UP AND THAT HE/SHE WILL MAKE THE NECESSARY ARRANGEMENTS WITH EACH TEACHER.