

Student's Last Name, First Name

Shop

Shop Cycle

Student ID Number

SOUTHEASTERN REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL

Field Trip Permission Form



FIELD TRIP

Destination of Trip: _____

Teacher Coordinating Trip: _____

Date of Trip: _____ Cycle: _____ Time of Trip From: _____ To: _____

PARENT

My son/daughter has my permission to attend the above named field trip. If the time of the return is after school hours, I shall arrange to meet my child at the return time.

It is understood that the necessary precautions and plans for the care and supervision of students during the trip will be strictly observed. I absolve the school and its representatives from any liabilities. I have supplied the necessary medical and emergency information relating to this student.

In case of emergency contact: _____ Relation to student: _____

Emergency phone 1: _____ Emergency phone 2: _____

Any medical conditions the supervisor should be aware of: _____

Parent/Guardian Signature: _____

STUDENT

As a student attending this trip, I understand it is my responsibility to notify each of my teachers in advance of the trip and to make up all work I will miss within the teacher specified time frame. Further, I understand that if I fail to make up my work on time, I will receive zeros for these assignments. I also understand that my behavior on this trip will determine my participation in future trips. I may not be allowed to attend this field trip if my grades are low in any class and this will be at the discretion of each of my teachers.

Student Signature: _____

INSTRUCTORS

As a teacher of the above named student, I am aware of this upcoming field trip and by signing, I give permission for this student to miss my class. All arrangements have been made for makeup work. **It is understood that teachers can deny permission for the trip, based on the student's grade, class performance, or if make-up work is needed.

Class: _____ Teacher: _____ Approve: _____ Denied: _____

Class: _____ Teacher: _____ Approve: _____ Denied: _____

Class: _____ Teacher: _____ Approve: _____ Denied: _____

Class: _____ Teacher: _____ Approve: _____ Denied: _____

Class: _____ Teacher: _____ Approve: _____ Denied: _____