

STUDY TRIP ITINERARY & PARENT PERMISSION

Study Trip To:		Driver:	
Address:	City:	State:	Zip:
Program:		Date of Study Trip:	
Chaperones(s) for this trip:			
Approximate time Leaving from School:		Time Returning to School:	

TENTATIVE ITINERARY FOR THE DAY:

Approximate Times	Activity Descriptions

Parent/Guardian: If there are activities listed above in which you do not want your child to participate, please cross off and initial these activities before signing.

Parent/Guardian:

I understand that the school authorities have no legal responsibility in the event that a pupil becomes ill or is injured while engaged in this trip. As a parent, I **give my consent** for the trip with the understanding that the school will provide adequate supervision and will secure safe transportation.

In signing this agreement, I understand that (student's name) _____ will cooperate with the school authorities in following our school rules, the staff, and in assuming his/her responsibilities on this trip.

In case of emergency during this trip, I can be contacted at (telephone number) _____

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Thank you for giving your student this opportunity. If you have any questions please feel free to contact

 Instructor/Teacher **Phone** Approved Date

Student Accountability Permission to attend Study Trip

Student Name: _____

Lab: _____ Name of the Event or Activity: _____

Date of the activity: _____ Time of the Activity: _____

Course	Grade	Missing Work		Permission		Teacher Signature
		Yes	No	Yes	No	
Lab	_____	Yes	No	Yes	No	_____
Math	_____	Yes	No	Yes	No	_____
Science	_____	Yes	No	Yes	No	_____
Social Studies	_____	Yes	No	Yes	No	_____
English	_____	Yes	No	Yes	No	_____
_____	_____	Yes	No	Yes	No	_____
_____	_____	Yes	No	Yes	No	_____

By completing this form I understand that it is my responsibility to make up any material and assignments missed. More importantly, it is my responsibility to learn the content taught during the class period(s) I missed.

Student Name	Date
--------------	------

Notes from Teacher: