

Jackson County Schools Permission Slip to Parents

Jackson County Comprehensive High School

If the school does not receive a signed permission slip for your child, he/she will not be allowed to participate in the activity.

Place to Visit: _____ Date of Trip _____

Departure Time: _____ Return Time: _____ Approximate Round trip Mileage: _____

Sponsoring Teacher: _____

Purpose of Trip:

A contribution may be requested for this trip. This contribution is voluntary and no student will be denied or penalized for failure to contribute. Any contributions you may make over this amount will be appreciated.

Contribution amount requested: _____

Used for: Transportation Admission Lunch Other

If you **give permission** for your child to participate in this trip, please **sign below and complete the other information** as it applies. Regardless of the precautions taken by sponsors and school authorities to assure student safety, accidents can occur. Therefore parents are encouraged to assure that their children are properly insured.

Student's Name: _____ Parent/Guardian Signature: _____

I am sending \$ _____ as a contribution. Initial: _____

School lunch will be provided at the usual price if the trip covers the time period including lunch. Please indicate your preferences for lunch below:

Check one lunch choice:

___ Student will bring sack lunch from home.

___ Student will need a drink only.

___ Student will need a school lunch.

Check one drink choice:

___ White milk.

___ Chocolate milk

___ Juice

If you are interested in chaperoning for this trip, please indicate here: _____
If so, please indicate your preference for lunch also (regular adult price):

___ School Lunch ___ Will bring lunch ___ White milk ___ Chocolate milk ___ juice

