

OFF-CAMPUS EDUCATIONAL ACTIVITY

General Parent Consent Form

Sonoma County Office of Education

5340 Skylane Boulevard, Santa Rosa, CA 95403-8246

Date _____

Dear Parents/Guardians,

Off-Campus Educational Activities are a very important part of your child's education. We have scheduled the following off-campus activity and are requesting permission for your child's participation.

Activity Location: _____

Description of Activity: _____

Activity Date(s): _____

Activity Time Frame: _____

Mode of Transportation: _____

Students should bring: Bag Lunch \$_____ Other _____

Please complete the bottom portion of this form and return it to me by the date indicated.

Teacher _____

School Site _____

Phone _____



Complete this section and return the bottom portion only of the form by: _____

Activity Date(s): _____

Activity Location: _____

Print name of child/charge _____

- Yes, I give my permission for my child/charge to participate in the off-campus educational activity described above.
- I would be willing to serve as a chaperon.
- No, I do not approve of this activity. Please contact me to discuss my concerns.

Print Name _____

Day Phone _____ Parent Guardian Careprovider

Signature _____ Date _____