

PLEASE RETURN TO SPONSOR PRIOR TO FIELD TRIP - DUE DATE: _____

Please have your teachers sign:

This student will be missing the following classes. Your signature indicates that this student talked to you about the work they are missing. **If you feel this student should not miss your class, arrangements can be made for him/her to attend.**

Class	Comments	Teacher Signature
1		
2		
3		
4		
5		
6		
7		
8		

_____ Not Applicable for this Field Trip _____
(Field Trip Coordinator's Signature)

Request to Transport Students by Personal Vehicle

Guidelines:

1. Please be advised that when faculty/staff are transporting students in their personal vehicles their individual automobile insurance policy is the primary source of insurance coverage.
2. Parent permission slip must be completed and on file with the Director before such a trip commences.
3. Faculty/staff are discouraged from transporting students in their personal vehicles. Every effort should be made to transport students in District vehicles or by the designated school bus company.

Name of Group: _____

Destination: _____

Faculty/Staff Driver will be: _____

Make and Year of Vehicle: _____

License #: _____

Faculty/Staff Signature: _____

Director's Signature: _____