

Parent or Guardian Approval for School Field Trip

To be filed in the Principal's Office five (5) days prior to trip.

The Shelby County Schools' Student Code of Conduct will be strictly enforced on all field trips. Please ensure that your student is aware of his/her responsibilities while on this field *trip*.

School		Grade
Teacher		
Date of Trip	Time of Departure □ a.m. □ p.m.	
	Time of Return a.m. □ p.m.	
Number of students	Number of chaperons.	
Cost per student	What the cost covers	
Will lunch be provided: Ves	No □ NA If yes, indicate how it will be provided	
Transportation provided by		
Carrier is an the Board's Approved I	List: 🗆 Yes 🛛 No	
Subject	Unit of Study	
Purpose of Trip		
This field trip correlates with current	t instruction? Ves No	
Pre-teaching and post-teaching acti	ivities have been planned?	
The principal has preapproved this	field trip? 🛛 Yes 🛛 No	
Teacher's Signature		
Student's Signature		
Parent's/Guardian's Signature		
	Signature indicates parent/guardian approval of this field trip	
THIS SECTION MUST BE COM	PLETED BY PARENT OR GUARDIAN BEFORE STUDENT	CAN PARTICIPATE.
Student's name		
Are there any medical conditions o	of which we should be aware? Please identify	
In case of emergency, please ident Hospital and location	tify:	
Family doctor and telephone		
Parents' emergency numbers		
Shelby County Schools does not discrimi	inate in its programs or employment on the basis of race, color, rehgcon, national origin, har	ndicap/disability, sex or age.