

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. |