

# FIELD TRIP PERMISSION SLIP

*Howell High School*



## Students:

Please have all of your teachers sign this form. Your **parents must sign after teachers** have made their comments. Please return this form to the teacher who is organizing the field trip after **your parents and all teachers have signed this form.**

STUDENT NAME: \_\_\_\_\_ DATE: JANUARY 12, 2010

DATE(S) OF FIELD TRIP WEDNESDAY-FRIDAY, MARCH 24-26, 2010

ADULT(S) IN CHARGE: ROD BUSHEY

REASON FOR ABSENCE FROM SCHOOL A CAPPELLA CHOIR PERFORMANCE TOUR TO TORONTO

TRANSPORTATION WILL BE BY:  PRIVATE CAR  **X CHARTER COACH**  NOT NEEDED

**RETURN FORM DUE: To: CHOIR PRESIDENT By: MARCH 3, 2010**

PERIOD	CLASS	TEACHER	COMMENTS (IF DESIRED)
1 <sup>st</sup>			
2 <sup>nd</sup>			
3 <sup>rd</sup>			
4 <sup>th</sup>			
5 <sup>th</sup>			
6 <sup>th</sup>			

## PARENT(S) / GUARDIAN(S):

This information must be completed before your child can participate in the above-mentioned field trip.

Whenever we see the desirability of taking groups of students outside of our school to promote and enrich their education, we want you, the parents, to be aware of this trip and to give you the opportunity to approve or disapprove of your child's participation. Absences from school on the date(s) indicated above will be a **school related** absence. They **will not** affect your child's classroom grade.

In addition, it is the **student's responsibility** to obtain and **complete all class assignments** before the absence or after the absence. (If after the absence, it should be done within the amount of time your child was absent from classes. (e.g. 2 days absence - 2 days to complete all homework).

My son / daughter has my permission to participate on the above noted field trip. I hereby authorize medical treatment in case of an emergency.

## EMERGENCY INFORMATION:

If your child has a health problem, please note here: \_\_\_\_\_

Daytime telephone number(s) where parent/guardian can be reached on above date: \_\_\_\_\_

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)