	FIELD TRIP IN	NFORMATION		
Class/Teacher:	s/Teacher:Date of Trip:			
Field Trip Destination:Transportation Provided By:				
Leaving Time and Location:Return Time and Location:				
Curriculum Standard and/or	Learning Target(s) being ad	dressed by this trip:		
As a result of this trip the stu	ndent is required to:			
Registration Cost:				
		ork on time for any classes miate to the standards of the si		
List Course Name	Parent Waiver Required	Comments	Teacher Signature	
Hour 1				
Hour 2				
Hour 3				
Hour 4				
Hour 5				
Hour 6				
Hour 7				
*Teacher-If parent waiver is	checked, please fill out reas	on on back of form.	<u> </u>	
Parent Phone #'s for emerge	ncy use at time of field trip: Work:	Home:		
Parent Permission:		Parent Name:	. <u></u>	
Student Signature:				
Parents: Please list below an might be important in an emo	_	vell as any medical condition	(s), or medication(s) that	

Student Name:

	Field Trip Parent Waive	er	
	has been invited to attend the following field trip:		
Because of the concerns listed below attending this field trip			t school versus
Missing assignments	Missing assessments	Number of prior absences	
Academically struggling Other:			
If your student is to attend this field to plan for your student to effectively m	trip, you will be required to waive	the school's recommendation by d	escribing a
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Student Name:

After reading the concerns above, should you desire to discuss your student's progress, please feel free to contact any necessary teacher(s) or your student's guidance counselor via email or phone.

Date

Parent Signature