

# Elkin Middle School



## FIELD TRIP PERMISSION FORM

Student Name: \_\_\_\_\_

Permission Due By: \_\_\_\_\_

Parents: Your son/daughter will be participating in a field trip with: \_\_\_\_\_  
(Name of Club or Organization)

Date of Field Trip: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Mode of Transportation \_\_\_\_\_

Destination: \_\_\_\_\_

Supervising Teacher: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

**COST OF TRIP:** Each student is asked to pay: \$ \_\_\_\_\_ to cover the cost of:

*Check all that apply*

Transportation

Admission

Lunch / Meal(s)

Other \_\_\_\_\_

I give permission for my son/daughter to participate in this Field Trip. I understand that my child may be prohibited from attending field trips based on attendance concerns and/or discipline referrals. I also understand that if my child attends this field trip, he/she is responsible for any work missed in other classes.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Phone Numbers: \_\_\_\_\_

**Student Accountability: To be Completed at Least 5 days Prior to Field Trip**

**Student: Please have your teachers sign below indicating permission to be absent from class due to this educational trip:**

Dear Teachers:

This student will be missing the following classes on the date described above. Your initials indicate that this student has talked to you about the work they will be missing and you agree to the absence. ***If you feel this student should not miss your class, please state your reason(s) in the comment section below and the student will be present for your class.***

Class	Teacher Initials	Comments
1st		
2nd		
3rd		
4th		

I will obey ALL Elkin City Schools/Elkin High School policies and procedures while attending this field trip. I, the student, understand that it is my responsibility to ask for any work missed in any classes as a result of this field trip.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_