



**CARLYNTON SCHOOL DISTRICT
FIELD TRIP PERMISSION FORM**

CLASS: _____ DATE OF TRIP: _____

DESTINATION: _____

NATURE/PURPOSE OF TRIP: _____

DEPARTURE TIME/FROM SCHOOL: _____

RETURN TIME/TO SCHOOL: _____

TEACHER IN CHARGE: _____

I am aware that when I am on a school-sponsored trip, I am under the jurisdiction and supervision of the school-employed sponsor/chaperones and that my behavior must conform to the Code of Student Conduct, the school's Student Handbook, and reasonable instruction from chaperones. I understand that I will be subject to appropriate disciplinary action for violations of these rules and regulations.

Signature of Student

Date

I GIVE PERMISSION FOR _____ TO TRAVEL TO THE ABOVE
Students Name

MENTIONED FIELD TRIP, WHICH IS AN EXTENSION OF STUDY WITHIN THE SCHOOL CURRICULUM.

Your signature indicates that you have read and agreed to the above and that we have your permission to take your child on this field trip.

Parent/Guardian Signature

Date

Phone Number Where You Can Be Reached Between 7:30 am – 2:15 pm _____

Person to Contact in an Emergency _____ Phone # _____