STUDENT FIELD TRIP AUTHORIZATION

No student will be permitted on the Iield Wrip unless this completed and signed Duthorization is submitted to the Vupervising Weacher, Vponsor, or Vchool Main Office at least Z H H N V prior W Kell Wp. Verbal Duthorizations or Duthorizations not on this form cannot be accepted.

Student Name:	Address:
Grade:	DOB:
School:	Home Telephone:
Emergency Contact & Telephone No.:	

Field Trip Destination:

Supervising Weacher/ Vponsor shall take a copy of this form on the Iield Wrip/ Whe original form will remain on ile with the Pain Rffice I R U D S H U L R G O R I V Q R W K D Q W Z R \ H D U V D I W H U W K H G D W H R I W K H I L H

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