

Jamestown High School Field Trip Request Form

Teacher: _____

Course: _____

FT Date: _____

Destination: _____

Curriculum Links: _____

| | SUBJ | TCHR | CURRENT GRADE & CLASSROOM PERFORMANCE | TCHR INITIALS |
|---|------|------|--|------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

Parental Consent - Parent/Guardian: please check only ONE:

I have reviewed the teacher's comments above and

DO

DO NOT

give my permission for my child (name) _____

to participate in this field trip activity. I understand that if my child attends this trip, all school rules apply during the activity, including travel to and from the destination. I also understand that my child is responsible for all assignments and classwork missed due to the activity.

Parent Signature

Date

Student Signature

Date