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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Student attending a field trip: | | | | | |  | | | | | |
| Your child will be attending a field trip to: | | | | | |  | | | | | |
| Teacher responsible for field trip: | | | | |  | | | | | | |
| Date |  | | | | | Time |  | | | | |
| Transportation | |  | | | | | | | | | |
| Period | | Subject | | | Teacher Approval/ Non-Approval Reason Code # | | | | | | |
| B5 | |  | | | - | | | | | | |
| B6 | |  | | |  | | | | | | |
| B7 | |  | | |  | | | | | | |
| B8 | |  | | |  | | | | | | |
| **Code for teacher Non- Approval**   1. student would miss a test 2. student has too many absences in class 3. student has poor academic performance in this class 4. student has displayed problems 5. student has not completed previously assigned class work 6. conflicting fieldtrip in this class 7. other | | | | | | | | | | | |
| **STUDENTS ARE RESPONSIBLE FOR ALL HOMEWORK, CLASS ASSIGNMENTS and TESTS** | | | | | | | | | | | |
| Student name: | |  | | | | | | | Parent Phone: | |  |
| In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact: | | | | | | | | | | | |
| Emergency Contact: | | |  | | | | | Emergency Phone: | |  | |
| Parent/Guardian Signature | | | |  | | | | | | | |

**Use this space for Special Instructions.**