

GRAINGER COUNTY SCHOOLS

FIELD TRIP/ACTIVITY PERMISSION FORM

_____ is granted permission to participate in the field trip/activity

Destination: _____

Purpose of Field Trip: _____

Date(s) of Activity: _____

Time of Departure: _____ Plan to Return: _____

Mode of Transportation: _____

Number of Chaperones: _____

Please list chaperones: _____

Cost per Student/Individual: _____

I understand that rules of conduct and penalties for violations are the same as school rules, as outlined in the School Handbook and School Board Policy. **I further understand that should the student listed above not be able to attend for any reason, all money paid will be non-refundable.**

Emergency Procedures:
In case of emergency and at teacher discretion, take child to nearest hospital, and phone parent/guardian at (____) _____ or (____) _____
Additional Instructions: _____

Parent Signature

Student Signature (High School)

Date

Date