

DISTRICT 212 LEYDEN HIGH SCHOOLS PARENT PERMISSION FORM

On 10/15/15 _____ has my permission to go on the
(mm/dd/yyyy) (Print student's name)

field trip to Drop off Food-drive Bags and Flyers with Mr. Haworth / Mrs. Lakdawala
(Place /address to be visited) (Teacher's name)

who will be in charge of the group.

The group plans to leave at 3:05 pm (am/pm) from West Leyden Entrance #2 (place of departure).

The group plans to return by 4:00 pm (am/pm) to West Leyden Entrance #2 (place of return).

The students will go and return as a group in the charge of the teacher whose name appears above, unless an exception is granted below:

Exception _____

Estimated cost of trip \$ 0. These costs will be for _____

Method of transportation will be: School Bus Public Transportation
 Teacher Driven School Car Other walking *
*In no case is an approved student allowed to have a passenger.

PARENTS & STUDENTS PLEASE NOTE!

IT IS THE RESPONSIBILITY OF THE STUDENT TO:

1. OBTAIN ASSIGNMENTS FOR CLASSES MISSED BEFORE GOING ON THIS FIELD TRIP.
2. MAKE UP WORK MISSED IN ALL CLASSES.

(Parent/Guardian: Cut here and keep top portion)

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(Student: Return this portion to teacher.)

Does this student have any allergies/special health problems? Yes No
Is this student currently taking any medication? Yes No

If yes to either question, explain: _____

(Student Name)

(I.D.#)

(Phone #)

(Signature of parent/guardian granting permission to go on trip)

(Date)