FIELD TRIP PERMISSION SLIP

NOTICE & RELEASE FORM

Field trips are offered throughout the year to students in order to enhance the curriculum offered throughout Shaler Area High School. In order to participate in a school sponsored trip, students must meet the guidelines below. If a student is removed from a field trip due to their attendance, behavior, and/or grades, any monies paid will be forfeited.

1. Students must maintain a 2.0 or above grade point average (GPA) and not have any failing or incomplete grades.
2. If a student misses more than 10 days of school, excused and/or unexcused, that student will not be allowed to participate.
3. If a student receives more than 2 incidents of In-School Suspension or if a student receives more than 1 incident of Out-of-School Suspension they will not be approved for a field trip.

Student Name (PRINT): Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising Teacher/Sponsor: K. Elder, C. Palladino Date/s of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class/Co-Curricular Activity: GATE Departure Time:

Destination: Return Time:

Purpose (state learning outcomes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee (if any): \_\_\_\_\_\_\_\_\_\_\_\_



**PARENT/GUARDIAN PERMISSION:**

*I hereby give consent and authorize my child to participate in the field trip/activity. I assume full responsibility for any acts of misconduct committed by my child and agree to hold harmless the Shaler Area School District and its teachers/sponsors for any consequences arising from this field trip/activity. I direct my child to cooperate and conform to instructions and directions of the supervisory personnel in charge of this field trip. I acknowledge that all school rules and penalties for their infractions are in effect during the entire time of this trip. In the event of a serious infraction by my child, I acknowledge that I may be called by a supervising staff member and agree that it is my responsibility to arrange for my child to be transported home at my expense.*

Parent/Guardian (PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies, Medical Conditions, or Other Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**TEACHER PERMISSION:**

*The above named student has my consent to participate in the requested activity and be released from regular class instruction. The student is currently in adherence with the school’s attendance policy, does not have any incomplete or failing grade; therefore, Has a 2.0 in my class. The student assumes full responsibility* *for any missed class work and will be held to established due dates.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Period | Signature | Consent |  | Period | Signature | Consent |
| 1 |  | Y / N |  | 6 |  | Y / N |
| 2 |  | Y / N |  | 7 |  | Y / N |
| 3 |  | Y / N |  | 8 |  | Y / N |
| 4 |  | Y / N |  | 9 | XXXXXXX | Y / N |
| 5 |  | Y / N |  |  | | |

**ADMINISTRATIVE PERMISSION:**

|  |  |  |
| --- | --- | --- |
| **ATTENDANCE**  # of days absent | **DISCIPLINE**  # of suspensions | **PRINCIPAL’S CONSENT**  Circle decision and initial |
|  |  | Approved / Denied |

***THIS FORM WILL BE TAKEN ON THE FIELD TRIP AND SECURED BY THE SUPERVISING STAFF MEMBER***