



FIELD TRIP PERMISSION FORM

Student's Name _____

Teacher's Name _____ Class _____

Destination _____ Date of Activity _____

Time of Departure _____ Time of Return _____

I signify my approval for the above student to go on a field trip with their class. I understand that the students will be under the direction of their teacher. The above student agrees to follow all school rules as well as the rules and policies established by the Rowan-Salisbury Board of Education as stated in the Rowan-Salisbury Schools Code of Conduct.

All precautions will be taken concerning the safety and well being of each student. Teachers as well as chaperones will NOT be held responsible for any accidents or misfortunes, which might occur in connection with the field trip.

The student is responsible to obtain and make up any work and assignments missed while on this trip.

Parent/Guardian Signature

Student Signature

Teacher's Signature

TEACHERS	
All teachers whose classes will be missed must sign below	
1 st	_____
2 nd	_____
3 rd	_____
4 th	_____
5 th	_____

In compliance with federal law, the Rowan-Salisbury School System administers all educational programs, employment activities and admissions without discrimination because of race, religion, national or ethnic origin, color, age military service, disability, or gender, except where exemption is appropriate and allowed by law