

ST. LOUIS PUBLIC SCHOOLS
FIELD TRIP PERMISSION SLIP

SCHOOL: Central Visual and Performing Arts High School TRIP DATE: _____

GRADE/CLASS: _____

PLEASE NOTE THE FOLLOWING REGARDING THE FIELD TRIP:

Where: _____

Activity: _____

Departure From School (Time): _____

Return To School (Time): _____

Person(s) in Charge: _____

1. I have been informed of the details of this educational field experience.
2. My child has my permission to participate in this supervised field experience.
3. I agree to instruct my child to obey all rules, regulations and instructions given by teachers and/or authorized school personnel. I further agree that no teacher or authorized personnel shall be held responsible or liable for injuries or other mishaps caused by my child's deliberate disobedience of rules, regulations or instructions.
4. This field experience is considered as school work and will be conducted as a regular class.

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I GIVE PERMISSION FOR _____ TO TAKE THE FIELD TRIP TO:
(Student's Name)

THIS TRIP IS PLANNED TO EXTEND A UNIT OF STUDY WITHIN THE SCHOOL CURRICULUM.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND AGREED TO THE ABOVE AND THAT WE HAVE YOUR PERMISSION TO TAKE YOUR CHILD ON THIS FIELD EXPERIENCE.

(Parent or Guardian Signature)

Home Phone: _____

Work Phone: _____

Address: _____

Person to contact in an Emergency:

Emergency Phone # _____