**FIELD TRIP PERMISSION FORM**

**Due Wednesday, January 4, 2017**

This permission slip is utilized for school sponsored field trips. Every student participating in a SCVTHS field trip must complete and return this form to the instructor/teacher in charge of the trip at least two (2) weeks before the actual trip.

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shop: Theater Arts Session: N/A

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give consent for my child, age to participate in the following school sponsored trip; and furthermore release said from all liability for injuries sustained by my child or resulting from participating in this trip.

I also understand that transportation from the school sponsored trip after the event is the responsibility of the parent.

\*Date & time of trip: (Leaving at 3 p.m. sharp SCVTS parking lot ) Friday January 6-Saturday, January 7, 2017

 Destination: NYC overnight trip –various venues Instructor/Teacher in charge: J Mancuso

 **Parent Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SHARED TIME STUDENTS ONLY: Permission to participate in the above field trip is granted by the student’s sending district.**

**District** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**School Official’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Official (Print Name and Title)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return with parent and sending school signatures to Joseph Mancuso no later than 1/4/17

* Depart from SCVTS Friday, January 6 @3 p.m. (sharp)
* Return to SCVTS 5:30-6 p.m. January 7.
* Round trip transportation to NYC provided by SCVTS