

CAREER & TECHNICAL EDUCATION CENTER

53 Gibson Road

Goshen, NY 10924

(845) 291-0300

PARENT/HOME SCHOOL FIELD TRIP PERMISSION FORM

Student Name: _____

Home School: _____

CTEC Teacher Signature _____

Permission is being requested for the above student to attend the planned field trip as indicated below:

Destination: _____

Departure Date: _____ Time- _____ Place: _____

Return Date _____ Time - _____ Place: _____

Rain/Snow Date: _____

Field Trip Transportation By: _____ Trip Cost Student: _____

Please note that students must ride the school-provided transportation to and from the destination. Students are not allowed to drive themselves or ride with other students to or from the destination.

Permission is granted for _____ (Student Name) to attend the activity as indicated above. I understand and approve of the arrangements for this activity. Permission is also granted for any alternative transportation noted below. In the event that my child becomes ill or injured and school authorities have been unable to contact a parent or guardian, permission is granted for emergency medical treatment to be administered.

Primary Doctor: _____ Phone: _____

Parent/Guardian

Signature: _____ Date: _____

Residence

Business

Telephone: _____ Telephone: _____

Component School

Principal Signature: _____ Date: _____

Please provide the following information if the departure time is before school hours and/or if the return time is after school hours.

On the day of the field trip, _____ (Student Name) has permission to be transported to/from the Career/Technical Education Center by:

A. Driving Self* B. Riding With* _____

*Please note that if the student is driving him/herself or riding with another student he/she must secure the appropriate pass from the main office at least two (2) weeks before the field trip.

White: Main Office Copy

Yellow: Teacher Copy

Pink: Component School Copy