

Brabham Middle School Student Participation Form

Student Name: _____ ID Number: _____

Teacher Sponsor: _____ Class: _____

Purpose of Activity: _____

Date(s) of Activity: _____ Place: _____

Time Leaving: _____ Time Returning: _____

Requirements for Eligibility:

- Must be passing all classes when field trip form is due.
- May not have more than 3 (not including medical) absences each semester.
- May not have more than 5 tardies for the 9 weeks.
- May not have been assigned ISS.

If I fail to meet any of the requirements after my payment is received, no refunds will be issued.

Class Period	Class Name	Pass/Fail	Teacher Signature
1			
2			
3			
4			
5			
6			
7			

Parent Release

Parent/Guardian's Name: _____ Phone Number: _____

Alternate Contact Name: _____ Alternate Phone: _____

Is student covered by group or medical insurance? yes no If yes, complete the following:

Name of Insured: _____ Insurance Company _____

Group # _____ Policy# _____

Any medical or allergy conditions? _____

Liability Release: I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during this trip. I hereby release WISD and any designated sponsor from any legal or financial responsibility with respect to my personal or my student/child's participation in the above described event.

PARENT/GUARDIAN: Check one of the following and sign your name:

_____ I give permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or the alternate contact stated above as soon as possible.

_____ I do not give permission for medical treatment until I have been contacted.

Parent/Guardian Signature: _____ Date: _____