



# CAREER ACADEMY & TECHNICAL SCHOOL

IREDELL-STATESVILLE SCHOOLS

*your future, your success...unlocked.*

## FIELD TRIP PERMISSION FORM

Name of Student: \_\_\_\_\_ Date(s) of Trip: \_\_\_\_\_

Related CATS Course: \_\_\_\_\_ Instructor: \_\_\_\_\_

Destination: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Chaperone(s): \_\_\_\_\_ Cost to Student: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Time of Departure: \_\_\_\_\_ Estimated Time of Return: \_\_\_\_\_

*Students must be on the CATS campus at least 10 minutes prior to the scheduled departure time. If returning after school hours, students must have a ride waiting for them at CATS upon their return.*

**Students wishing to attend this trip must be clear of fees, in good standing with academics, attendance and behavior, have no discipline issues, and be recommended by the sponsoring teacher.**

PRINTED TEACHER NAME	TEACHER SIGNATURE
1 <sup>ST</sup> BLOCK	
2 <sup>ND</sup> BLOCK	
3 <sup>RD</sup> BLOCK	
4 <sup>TH</sup> BLOCK	

I give permission for my child to attend the above field trip.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

Emergency Contact Name(s) & Number(s): \_\_\_\_\_