GENESEE JR./SR. HIGH SCHOOL
FIELD TRIP FORM

Name of Student:_____ Grade Level_____ Teacher/Class Trip Dates
Trip description or destination:

Period	Class	Recommended	Not Recommended	Approx. Grade in class. Necessary makeup work	Teacher Initials
1					
2					
3					
4					
5					
6					
7					

I (parent or legal guardian) am aware of my student's status in the classes listed above and give my permission for my child to attend the activity named. All school related activities will be supervised by a Genesee School District designee and transportation will be provided via Genesee Schools. Additionally, for school related activities, if I cannot be contacted, I hereby authorize any hospital, licensed physician and/or my child's personal physician to administer emergency to my child in case of accidental injury or sudden severe illness.

_____ _____ _____ _____
Parent or Guardian Signature Date **Home Phone** **Work Phone**

Directions to students: Fill out the top of this form and fill in all your classes before asking teachers to sign. Do not get parent signatures before all of the blanks are filled in by teachers. The principal will be the last to sign.

Directions to teachers: Do not sign if the form already has a parent signature. This is your opportunity to inform the parent and student of his/her status in your class. Inform the student how and when you want makeup work done.

_____ Principal's Signature