



CALABASAS HIGH SCHOOL

22855 West Mulholland Highway, Calabasas, CA 91302-2099
Telephone (818) 222-7177 fax (818) 223-8477
Las Virgenes Unified School District

FIELD TRIP NOTIFICATION

The teachers who have signed below have been notified that _____
Print Student Name

Is requesting to participate in a field trip on _____. The above named student will take full responsibility to makeup class work and/or tests that he/she may miss due to this event. The student must notify all of their teachers prior to going on the field trip. Students will leave at _____ and return at _____.

Period	Subject	Teacher's Name	Teacher's Signature
1			
2			
3			
4			
5			
6			

Student Signature: _____ Date: _____

Field Trip Sponsor: _____ Date: _____

This form **MUST** be returned, along with the signed **Field Trip/Excursion Notification and Medical Treatment Form**, to your teacher by _____ in order to participate in the field trip.
Date