

**Driving Permission Form for ALL Off Campus Field Trips/Activities**

1. I, as Parent/Guardian of \_\_\_\_\_ (student's name) give permission for my son/daughter to attend ALL field trips and drive himself/herself to and from the field trip(s).

\_\_\_\_\_ Semester 1 \_\_\_\_\_ Semester 2 (Please check the semester that applies).

**STUDENTS ARE NOT ALLOWED TO RIDE WITH ANOTHER STUDENT. THIS REGULATION IS NOT OPTIONAL.**

**DRIVING PRIVILEGES MAY BE REVOKED FOR FAILURE TO FOLLOW THIS PROCEDURE.**

OR

2. I, as Parent/Guardian of \_\_\_\_\_ (student's name) give permission for my son/daughter to attend ALL field trips, but wish my student to be transported by approved school personnel.

\_\_\_\_\_ Semester 1 \_\_\_\_\_ Semester 2 (Please check the semester that applies).

Print Student's Name \_\_\_\_\_

Address \_\_\_\_\_

Home School \_\_\_\_\_

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

Emergency Phone \_\_\_\_\_

Date signed \_\_\_\_\_

(Below to be filled out by the instructor.)

Date of activity/field trip \_\_\_\_\_

Location \_\_\_\_\_

Time: \_\_\_\_\_ to \_\_\_\_\_

Activity and Purpose of field trip \_\_\_\_\_

Supervising Teacher/Staff Member \_\_\_\_\_