

SOLANCO HIGH SCHOOL

Field Trip Permission Slip

Name of Student: _____ has my permission to go on a
school field trip to _____ on _____.

All Day Trip (circle) Yes No

Overnight Trip (circle) Yes No

Departure Time: _____

Arrival Back at School: _____

Parent Pick-up Time (if after school hours): _____

I understand that all school rules apply during a field trip. I further understand that as a representative of the Solanco School District, any inappropriate conduct that causes a violation of the school rules will result in disciplinary action.

Parent Name (printed)

Parent Signature

Student Signature

Parent Home Number: _____

Parent Work Number: _____

Parent Cell Number: _____

Student Cell Phone Number: _____

Additional information regarding trip:

Teacher's Signature: _____