

ARTHUR COMMUNITY SCHOOL DISTRICT 305
Field Trip Permission Form

_____ HAS MY PERMISSION TO
PARTICIPATE IN A FIELD TRIP TO _____ UNDER THE
SUPERVISION OF _____ ON _____ FROM
_____ TO _____.

I UNDERSTAND THAT MY SON/ DAUGHTER IS
UNDER THE SCHOOL SUPERVISION AND IS SUBJECT TO
ALL APPLICABLE SCHOOL REGULATIONS AND
ACCOMPANYING DISCIPLINARY ACTIONS.

PARENT/GUARDIAN SIGHATURE _____

DATE _____

PERIOD 1: _____ GRADE _____

PERIOD 2: _____ GRADE _____

PERIOD 3: _____ GRADE _____

PERIOD 4: _____ GRADE _____

PERIOD 5: _____ GRADE _____

PERIOD 6: _____ GRADE _____

PERIOD 7: _____ GRADE _____

PERIOD 8: _____ GRADE _____

THIS FORM MUST BE COMPLETED PRIOR TO EVENT