PARENTAL CONSENT FOR FIELD TRIP

School Name:			
Name of Field Trip:_			
Destination of Field T	rip:		
Dates of Travel:			
Participant's Name:		Date of Birth:	
Home address		State	Zip Code
Home Phone	Emergency Phone	Cell Phone	e
I (adult studen I (parent) give By signing this agree That the Diat any time losses if a student Transfect. We further	ation must be completed for each t) agree to participate in this field permission for my child to participant we understand: strict of Columbia Public School . In addition, the school system trip is cancelled for the safety of strict of Columbia Public School avel and DCMR Title 5, Chapter understand that a violation of trie participant being sent home at	d trip. ipate in the field trustions reserve the right is not responsible both students and s <i>Directive 310.6 I</i> 25 Student Discip	to cancel a trip for any financia staff members. Field Trips and line policy are in
Parent/Guardian/Adu	It Student Signature		Date
Participant's Signature			Date