

STUDENT FIELD TRIP PERMIT
MAPLEWOOD CAREER CENTER

STUDENT NAME _____

TODAY'S DATE _____

ORGANIZATION/GROUP _____

TEACHER _____

DESTINATION OF TRIP _____

DATE OF TRIP _____

DEPARTURE TIME _____ AM/PM

EXPECTED RETURN TIME _____ AM/PM

STUDENTS WILL BE TRANSPORTED BY SCHOOL **BUS / VAN**

I UNDERSTAND THAT EVERY PRECAUTION WILL BE TAKEN TO INSURE THE SAFETY OF MY SON/DAUGHTER AND THAT I WILL NOT HOLD MAPLEWOOD CAREER CENTER NOR ITS STAFF LIABLE FOR EVENTS THAT MAY OCCUR DURING THE TRIP. I ALSO UNDERSTAND THAT MY SON/DAUGHTER MUST ABIDE BY ALL SCHOOL RULES AND REGULATIONS AND THAT ANY MISCONDUCT CAN CAUSE DISCIPLINARY ACTION TO OCCUR.

PARENT/GUARDIAN SIGNATURE _____

DATE _____