



VOLUSIA COUNTY SCHOOLS FIELD TRIP PARENT PERMISSION FORM SECONDARY

Use page 15 or page 16.

Complete the form in its entirety. It should be on file at the school/site at least five days prior to departure.

My son/daughter _____, _____ has permission to participate in _____
(legal name) (student ID)
 Home & Away Football Games & Marching Band MPA on _____ August - November, 2023
(event) (date(s))
 from TBA A.M. P.M. to TBA A.M. P.M. at _____ Spec Martin Stadium, other area high schools, MPA site
(address)

Cost to student is \$n/a _____.

I understand that my son/daughter will travel by:

- Activity bus District-owned vehicle School bus Private carrier/vehicle
 Commercial carrier - name of carrier _____

Signature of Sponsor _____ Date 4/17/2024
 Signature of Principal _____ Date 4/25/24

PARENT INFORMATION

I realize that the teacher in charge will exercise precaution for the safety of students involved in this event, and I agree to assume full responsibility for any unforeseen accident which might occur during travel or while participating in this program. I further assure that my son/daughter has been instructed to comply with the regulations of the school, teachers, sponsors, and/or chaperones who are in charge of the activity.

Note: Should the field trip be canceled for security reasons, students and their parents/guardians will incur the financial expense beyond what can be reimbursed. Should it become necessary to send my son/daughter home early from this field trip due to inappropriate behavior, I realize that I will incur the financial responsibility of this action.

Parent/Guardian Signature _____ Date _____
 Home Phone Number _____ Emergency Phone Number _____

STUDENT INFORMATION

I realize that it is my responsibility to determine what school work is missed and to complete it outside of regular class time and within the time guidelines set by the teacher. I understand that the Code of Student Conduct shall be applicable for the duration of all field trips.

Student Signature _____ Date _____
 Home Address _____

Teacher, this form is to be completed and in the appropriate office prior to leaving for the field trip. This field trip has been approved by the principal and/or school board. The student has the right to complete, within the teacher's time schedule, any class work missed, without penalty, due to this field trip.

Block/period	Teacher's signature	Block/period	Teacher's signature	Block/period	Teacher's signature