

APPLICATION FOR PARTICIPATION

Instructional Field Trips

This form is used for recording student requests to participate in instructional field trips and the parent or guardian's permission for them to participate and travel in specified transportation. It must be on file before a student may participate.

Student Request					
I,, am a	student in		_class at	School.	
Print Name of Student	Pri	int Name of Class	Print ?	Name of School	
My parent/guardian's name is:					
	Print Name of Parent/Guardian				
My home address is:					
Print Stre	et Address	City	State	Zip	
The intent of this voluntary statement is the School District of Hillsborough Cobring honor to my school and myself in	unty Student Hand	lbook and to conduct	myself on all field	trips in such a manner as to	
Student Signature			Date of Signature		
Parent/Guardian Request As parent or guardian, I request that			p	articipate in the field trip to	
	Print	Name of Student			
that will be conducted on					
Print Name of Trip Destination		Montn	Day/Year		
I understand that transportation for the	trip will be provid	led by			
 A private automobile of a parent, teacher, and/or licensed student, none of which is under control of the School District of Hillsborough County AND/OR A regular school bus operated by the School District of Hillsborough County. AND/OR A private bus under charter to the School District of Hillsborough County. 					
Signature of Parent o		Date of Signature			
A copy of this form	must be turned in	to the office three (3	days prior to the f	ïeld trip.	

Distribution: Principal, Teacher **SB 60531** (Rev. 10/8/2015)