

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 studen	t in	class at School.		
Print Name of Student	Print Name of Class	Print Name	of School	
My parent/guardian's name is:				
	Print Name of Parent/Guardian			
My home address is:				
Print Street Addr	ress City	State	Zip	
The intent of this voluntary statement is to form the School District of Hillsborough County State bring honor to my school and myself in return	udent Handbook and to conduc	et myself on all field trips i	n such a manner as to	
Student Signature		Date of Signature		
Parent/Guardian Request As parent or guardian, I request that	Print Name of Student	particiț	pate in the field trip to	
	Print Name of Student			
that will be conducted on Print Name of Trip Destination Month/Day/Year				
I understand that transportation for the trip wil	l be provided by	Monda Day, 1	Cui	
School District of Hillsbo AND/OR A regular school bus oper AND/OR	a parent, teacher, and/or license brough County rated by the School District of ter to the School District of Hil	Hillsborough County.	s under control of the	
11 private ous under chart	or to the behoof District of This			
Signature of Parent or Guard	ian ————	Date of Signature		
A copy of this form must b	be turned in to the office three ((3) days prior to the field tr	rip.	

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