

**FOUR COUNTY ARE VOCATIONAL COOPERATIVE**  
**FULL DAY FIELD TRIP PERMISSION SLIP**

I give my permission for \_\_\_\_\_ to attend the activity described below:  
(Student Name)

Destination: \_\_\_\_\_

Date and Time of Departure: \_\_\_\_\_

Date and Time of Return: \_\_\_\_\_

Please return this form to the teacher in charge of this trip.

1. I understand the conditions under which my son/daughter is requesting this field trip and want my child to participate in this activity.
2. By granting this request, I will not hold the school responsible should an accident occur in which my child might be involved.
3. I understand that this activity is considered a school activity and all rules of conduct for school activities will be in effect.

\*\*\*\*\*

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

\*\*\*\*\*

Faculty Members:

Please allow the student to make up any missed work. It is the responsibility of the student to do this.

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

If this request is approved by the administration, students must arrange with the teachers to make up the work they miss. This is a student's responsibility. Students should make up the work prior to leaving if at all possible. Teachers whose classes are missed should sign below. The teachers' signatures indicate their awareness of the leave.

Period 1 \_\_\_\_\_ Period 2 \_\_\_\_\_

Period 3 \_\_\_\_\_ Period 4 \_\_\_\_\_

Period 5 \_\_\_\_\_ Period 6 \_\_\_\_\_

Period 7 \_\_\_\_\_ Period 8 \_\_\_\_\_