

**DISTRICT 212 LEYDEN HIGH SCHOOLS
PARENT PERMISSION FORM**

On 10/10-12/15_____ has my permission to go on the
(mm/dd/yyyy) (Print student's name)

field trip to Marching Band Class Cedar Point Tour_____ with B. Miller, M. Vazquez, SMB Parents/Staff
(Place /address to be visited) (Teacher's name)

who will be in charge of the group.

The group plans to leave at 10/10, 11:00 A_ (am/pm) from WL Entrance 1_____ (place of departure).

The group plans to return by 10/12, 6:30 P_____ (am/pm) to WL Entrance 1_____ (place of return).

The students will go and return as a group in the charge of the teacher whose name appears above, unless an exception is granted below:

Exception Must be submitted in writing and approved by Monday, 9/14_____

Estimated cost of trip \$ 145/130. These costs will be for See detailed itinerary_____

Method of transportation will be: School Bus Public Transportation
 Teacher Driven School Car Other charter coach bus_*
*In no case is an approved student allowed to have a passenger.

Our standard procedure is to place 4 to 6 students per hotel room when possible. If you feel uncomfortable with this arrangement or this does not meet the needs of your student you must contact the club sponsor/teacher/coach to discuss options. This contact must occur by 9/14_____ (date)

PARENTS & STUDENTS PLEASE NOTE!

IT IS THE RESPONSIBILITY OF THE STUDENT TO:

1. OBTAIN ASSIGNMENTS FOR CLASSES MISSED BEFORE GOING ON THIS FIELD TRIP.
2. MAKE UP WORK MISSED IN ALL CLASSES.

DO NOT CUT RETURN AS IS
Parent/Guardian: Cut here and keep top portion

Field trip to Marching Band Cedar Point Tour_____

Does this student have any allergies/special health problems? Yes No
Is this student currently taking any medication? Yes No

If yes to either question, explain: _____

(Student Name)

(I.D.#)

(Phone #)

(Signature of parent/guardian granting permission to go on trip)

(Date)

(Please Provide Emergency Contact Phone#)