FIELD TRIP PARENTAL PERMISSION FORM
WINSTON COUNTY BOARD OF EDUCATION
Double Springs, AL

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School/Department________________________ Date____________________

To:    Parent(s) or Guardian(s)

Your Child’s Name _____________________________________________

From:  Your Child's Teacher/Coach/Sponsor

A school activity has been planned away from the normal school premises. The specific
information about the activity is listed below:

Name of School Activity__________________________________________

Name of Person in Charge_________________________________________

Trip Destination_________________________________________________

Departure Time___________________________________________________

Expected Time of Return__________________________________________

Cost to Your Child_______________________________________________

Method of Transportation_________________________________________

Other________________________________________________________________

In order for your child to make the trip to participate in the school activity, you are asked to
signify your approval for your child to make the trip by signing below.

Parent/Guardian Signature________________________________________

Provided you do not wish for your child to make the trip, please return this form unsigned by
your child to the person in charge. In such case, your child will be provided with appropriate
educational experiences at school.

7/7/98