VOLUSIA COUNTY SCHOOLS
FIELD TRIP PARENT PERMISSION FORM

Use page 10 <u>or</u> page 11.
Complete the form in its entirety. It should be on file at the school/site at least five days prior to departure.

My son/daughter _____ has permission to participate in
(legal name)
AP Testing _____ on _____
(event) (date(s)
from _____ A.M./P.M. to _____A.M./P.M at Daytona Beach Resort, 2700 N. Atlantic Ave, DB .
(address)
Cost to student is $0.00 .
I understand that my son/daughter will travel by:
☐ Activity bus ☐ District-owned vehicle ☐ School bus ☑ Private carrier/vehicle
☐ Commercial carrier - name of carrier _____

Ruthie Labno- AP Coordinator
_____ _____
Signature of Sponsor Date

_____ _____
Signature of Principal Date

PARENT INFORMATION

I realize that the teacher in charge will exercise precaution for the safety of students involved in this event, and I agree to assume full responsibility for any unforeseen accident which might occur during travel or while participating in this program. I further assure that my son/daughter has been instructed to comply with the regulations of the school, teachers, sponsors, and/or chaperones who are in charge of the activity.

<u>Note: Should the field trip be canceled for security reasons, students and their parents/guardians will incur the financial expense beyond what can be reimbursed.</u>

_____ _____
Parent/Guardian Signature Date

_____ _____
Home Phone Number Emergency Phone Number

STUDENT INFORMATION

I realize that it is my responsibility to determine what school work is missed and to complete it outside of regular class time and within the time guidelines set by the teacher. I understand that the Code of Student Conduct shall be applicable for the duration of all field trips.

_____ _____
Student Signature Date

_____
Home Address

Teacher, this form is to be completed and in the appropriate office prior to leaving for the field trip. This field trip has been approved by the principal and/or school board. The student has the right to complete, within the teacher's time schedule, any class work missed, without penalty, due to this field trip.

Block/period	Teacher's signature	Block/period	Teacher's signature	Block/period	Teacher's signature

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