FIELD TRIP PERMISSION SLIP

FRANKLIN HIGH SCHOOL **500 Elizabeth Avenue** Somerset, New Jersey 08873

Teacher/Sponsor: Richter

Date: September 11, 2015

Course/Club: FBLA and NHS

Dear Parent/Guardian:

A trip has been scheduled as part of your child's school program. The trip has been planned to extend and enrich learning experiences.

Your child's participation in the trip is conditional upon acknowledgement, on the form below, that he/she will be away from school on the date scheduled. By signing the form below as indicated, you are authorizing that your child may participate in the trip described.

I hereby acknowledge that my child,		, will participate
	(Child's Name)	
in a class trip to Franklin Middle School on	11/24/15	
(Destination)	(Date)	

I understand that the class/club will travel by bus and will be chaperoned by teachers and (if necessary), parents. The bus will leave FHS at 8:00 am and return to FHS at 1:45 pm. Buses will depart and return to FHS – Rear Entrance.

Other:_____

Signed: ______ Parent/Guardian)

<u>Period</u>	<u>Period</u>
1.	5
2.	6
3.	7.
4.	8.

(Complete information on back)

fieldtrippermission

FRANKLIN HIGH SCHOOL Emergency Contact Information for Field Trips

City:	Student Information				
City:	Student:		Studen	it #:	
Zip code:	Student Address:		Birth da	ate:	<u>N/A</u>
Zip code:	City:		Social Security	y #:	N/A
Phone:			-	·	
Attach documentation regarding unique circumstances concerning legal guardianship of the above student. Emergency Contact Information The individuals below have authorization to pick up my child and can be reached during school hours or evening hours at the number listed. Name: Relationship: Phone: () Name: Relationship: Phone: () Name: Relationship: Phone: () Name: Relationship: Otype: State, Zip: Name: Relationship: Phone: () Home Address: Otype: State, Zip: Phone: () Contact comments: Emergency & Health Information In case of serious accident or illness at school, you child will be sent to an emergency medical facility. The parent(s)/guardians(s) is/are responsible for all expenses. Phone: () Medical Alert 1: Medical Alert 1:			Gro		
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(requires signature of all parents/guardians who student lives with - please complete and return to teacher/sponsor)