

# 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 TYCO, Princeton, NJ on 4/29/2016. This is a Women's Leadership Conference – see attached agenda. **The trip cost is \$5 for transportation; lunch is provided. You can pay with cash or a check made payable to FHS Junior Achievement.**

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 7:30 am and return to FHS at 1:45 pm. Buses will depart and return to FHS – Rear Entrance.

Signed: \_\_\_\_\_  
Parent/Guardian)

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher's Signatures – Teacher's notification of the trip. \_\_\_\_\_  
(Homeroom Teacher)

**Period**  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**Period**  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_  
8. \_\_\_\_\_

(Complete information on back)

fieldtrippermission

**FRANKLIN HIGH SCHOOL**  
**Emergency Contact Information for Field Trips**

**Student Information**

Student: \_\_\_\_\_ Student #: \_\_\_\_\_  
Student Address: \_\_\_\_\_ Birth date: \_\_\_\_\_ N/A  
City: \_\_\_\_\_ Social Security #: \_\_\_\_\_ N/A  
Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

*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: ( ) \_\_\_\_\_  
Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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.*

Physician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Medical Alert 1: \_\_\_\_\_  
Medical Alert 2: \_\_\_\_\_

Health Comments: \_\_\_\_\_  
**Emergency comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Legal Guardian: \_\_\_\_\_ Yes \_\_\_\_\_ No  
City, State, Zip \_\_\_\_\_ Resides With: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Employer: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Parent/Guardian Comments

Student Name: \_\_\_\_\_  
Print Parent/Guardian Name (1): \_\_\_\_\_  
Parent/Guardian Signature (1): \_\_\_\_\_ Date: \_\_\_\_\_  
Print Parent/Guardian Name (2): \_\_\_\_\_  
Parent/Guardian Signature (2): \_\_\_\_\_ Date: \_\_\_\_\_  
(requires signature of all parents/guardians who student lives with – please complete and return to teacher/sponsor)