

FIELD TRIP PERMISSION SLIP

FRANKLIN HIGH SCHOOL
500 Elizabeth Avenue
Somerset, New Jersey 08873

Teacher/Sponsor: Richter

Date: Feb 10, 2016

Course/Club: FBLA

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 Synchronoss Job Shadow Experience on the following days:
5/6/16, 5/20/16, 6/3/16

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 1:00 pm and return to FHS at 5:30 pm. Buses will depart and return to FHS – Rear Entrance. Parents are required to pick up their children upon returning back to FHS.

Signed: _____
Parent/Guardian

Other: _____

Period
1. _____
2. _____
3. _____
4. _____

Period
5. _____
6. _____
7. _____
8. _____

(Complete information on back)

FRANKLIN HIGH SCHOOL
Emergency Contact Information for Field Trips

Student Information

Student: _____ Student #: _____
Student Address: _____ Birth date: _____
City: _____ Social Security #: _____
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)