

To Parent or Legal Guardian:

## **Cleburne County Schools**

## FIELD TRIP AND EXCURSION PERMISSION FORM

Please carefully read the attached Notice and Release statement as well as the information contained in the Permission Form. If you wish for your son/daughter to participate, this form must be returned to the ponsor/teacher prior to the day of the trip. There must be a signed permission form returned to the school before student is allowed to participate in a field trip or excursion.
School 2 15Student's Name
Grade, Class, Organization 9th - 12th Band
Teacher/Sponsor's Name Dunhum Date(s) of Activity 3/.
Destination of Trip 69353-n City 11:94 SChall
ravel Will Be By BUS
Student's Cost Yor of the Mill Adult's Cost to be paid no later than
School Departure TimeLocation Arrival Time
oading Time for Return Z:30 pm Return to School by (time) H:30
Reason for Trip: Students will pofferm a plepain concert to a panner
of judges for commines and Assessment. Students will also regive a Grad
Parent/Guardian Approval:
has my permission to participate in the above described field trip on the date(s) ndicated. I give the teacher/sponsor/administrator in charge of my son/daughter permission to see that he/she gets whatever medical treatment is necessary in the event of an emergency.
Emergency Phone Numbers:
Notherner (Please Specify)
Parent/Legal Guardian Signature Date