

DATE OF FIELD TRIP: 5/19/11
ADMINISTRATIVE APPROVAL: R. Kow

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
COOPER CITY HIGH SCHOOL

OFF-CAMPUS FIELD TRIP PERMISSION FORM

I, the undersigned, hereby grant my (circle one) Son Daughter Ward

FULL NAME STUDENT NUMBER GRADE

permission to participate in a Cooper City High School sponsored field trip to
Beth Emet Temple on 5/19/11

as a member of Band

Depart 4:00 a.m./(p.m.) Return 7:30 a.m./(p.m.)

Transportation will be provided by: Train Airplane School Bus/Activity Bus
 Chartered Bus (Name) _____
 Private Vehicle (Please check one below & include supporting documents, ex: Adult/Student Vehicle Authorization Form, Student Driver Authorization, Copy of Driver's Car Insurance Card, Copy of Driver's License)

Riding w/own parent Driving own car Driving family car Driving another student
 Riding w/another student Riding w/staff or adult volunteer

Printed Name of Parent/Guardian Parent/Guardian Signature

Parent/Guardian Emergency Contact Number Check: Mother Father Guardian

TEACHERS: Your signature indicates that you acknowledge that this student has requested permission to be on a trip, approved by the sponsor and the administrator/student activities.
DO NOT SIGN BELOW WITHOUT ADMINISTRATIVE APPROVAL AND PARENT/GUARDIAN SIGNATURES.

PERIOD	TEACHER SIGNATURE	GRADE	SUBJECT & ASSIGNMENT
1 st			
2 nd			
3 rd			
4 th			