

FREMONT UNION HIGH SCHOOL DISTRICT

STUDENT TRIP PERMIT FORM

							Lynbrook High School			
Student's Last Name St		Student's Fi	Student's First Name		St	udent ID	School	_	Date	
TRIP INFORMATION										
Coordinator/Advisor Cl		Club/Class/C	Club/Class/Group		ost Destination					
Date of Trip Depa		Depart – Lea	Depart – Leave Time		rn Time					
						☐ Plane ☐ Bus ☐ Ship ☐ Train ☐ Private Vehicle ☐ Meet at Site				
EMERGENCY CONTACT EMERGEN			CY PHONE Transportation							
<u>STUDENTS</u> : In the lines below, please list ONLY the classes you will					,	<u>TEACHERS</u> :				
In the lines below, please list ONL be missing .			Y the classe:	s you wil	'	Your signature acknowledges awareness of the student's intent to attend the field trip and miss class.				
stadent's intent to detend the field trip and miss class.										
Period	Class		Teacher Na	ame	Teache	r Signature	Advisable	Comments		
							☐ Yes ☐ No			
							☐ Yes ☐ No			
							☐ Yes ☐ No			
							☐ Yes ☐ No			
							☐ Yes ☐ No			
							☐ Yes ☐ No			
							☐ Yes ☐ No			
PARENT/GUARDIAN APPROVAL										
I hereby grant permission for my student (listed above) to participate in the activity designated above. I understand that neither the Fremont Union High School District nor any of its employees will assume responsibility for injuries that might occur or for unanticipated costs associated with this activity.										
(Signature of Parent or Guardian)								 Date		

Accident insurance is the responsibility of the parent or guardian. Additional insurance coverage may be purchased by applying for Student Accident Insurance. Forms are available by request in the school office.