

**FREMONT UNION HIGH SCHOOL DISTRICT
TRIP PERMIT**

SCHOOL NAME _____

(Student Last Name) (First) Grade _____ Group/Class _____

Destination _____ Initiating Instructor _____

Cost to Individual _____ Date of Trip _____ Time Leaving _____

Emergency Phone No. _____ Time Returning _____

TRANSPORTATION: Plane ___ Bus ___ Ship ___ Train ___ School Car ___ Private Vehicle ___ Meet at Site ___

NOTE TO INITIATING INSTRUCTOR: Please cross-out periods not affected

NOTE TO STUDENTS: All information at the top of this form must be filled out, as well as Class titles below, before you obtain Teacher Signatures.

NOTE TO TEACHERS: Your signature acknowledges awareness of the student's intent to attend the field trip.
Not

	Class	Teacher Signature	Advisable	Advisable	Comments
1.					
2.					
3.					
4.					
5.					
6.					
7.					

NOTE TO PARENTS: The form above is to be completed before you sign.

I hereby grant permission for (student's name) _____
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.

(Date)

(Signature of Parent or Guardian)

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 in the Principal's office.

6153.3 INITIATING INSTRUCTOR MUST COLLECT COMPLETED TRIP PERMITS
(REV. 8/05, THREE (3) DAYS IN ADVANCE OF NOTIFYING STAFF OF THE LIST OF
9/16) EXCUSED STUDENTS.