

FIELD TRIP RELEASE / TEACHER AUTHORIZATION

Student Name: _____

The student named above is requesting approval to participate in a school sponsored field trip on: _____

The coordinating teacher is: _____

The destination of this field trip is:

Please sign below if the student has your permission to be excused from you class to attend this field trip. The student will be responsible for any missed work from your class.

Class:

Teacher Signature:

Period 1: _____

Period 2: _____

Period 3: _____

Period 4: _____

Period 5: _____

Period 6: _____

Period 7: _____

Field Trip Coordinator Signature: _____

**** Students: You will need to obtain a signature from each period you will be missing. DO NOT WAIT UNTIL THE LAST MINUTE TO GET YOUR SIGNATURES!**