



Field Trip Notification Form

Student Name: _____ Grade: _____

Field Trip Destination: _____ Mode of Transportation: _____

Date(s): _____ Time: _____

Sponsor Teacher: _____ Reason/Course: _____

LIST THE CLASSES YOU WILL BE MISSING DURING THIS FIELD TRIP

COURSE	TEACHER

TEACHER'S SIGNATURE	COMMENT

I understand that completion of any missed assignments is my responsibility.

Student Signature:

Having read the completed information above, I acknowledge and understand that any missed assignment is the responsibility of my student.

Parent Signature: _____

It is the responsibility of the student to have this form completed three days in advance for one-day or partial day trips and one week in advance for field trips of two or more days. The completed form must be returned to the sponsor teacher prior to the commencement of the field trip.

Print Form