

Maggie L. Walker Governor's School for Government and International Studies

1000 N. Lombardy Street . Richmond, VA . 23220

Field Trip Form

IMPORTANT Directions:

- 1. Attach parent letter with itinerary, contacts, and budget;
2. Complete all information above the dotted line and copy one for each student;
3. Send home for parent's and student's signature;
4. Copy the signed forms of only the students who are going. Leave in Room 100 before trip departs.

[X] Specific (One time) trip [ ] Water Related Date: 3/21 Teacher: DRUMMOND

[ ] Repeating Trip [ ] Water Related Date: Teacher:

Explanation of Repeating Trip: Weekly? Monthly?

Destination: West Point High School

Purpose: To participate in District Chorus Assessment

Supervision:

- [X] Students will be directly supervised by adults on this trip.
[ ] Students will be supervised by adults on this trip with the following exceptions(s):

Luggage Search

[ ] Parent signature required on back of form.

Transportation: (Check all that apply.)

- [ ] Walking [X] School Bus [ ] Commercial Carrier [ ] Private Vehicle
[ ] None (provide own) [ ] Leased Vehicle [ ] County Vehicle

Drivers of Private or Leased Vehicles (Check all that apply.)

- [ ] Student [ ] Parent [X] Teacher or Staff Member [ ] Other Adult

Approvals

Signatures of Department Chair and Director/Coordinator of Administration are required on all Field Trip Permission Forms.

[Signature]
Department Chair

3/5/14
Date

[Signature]
Director/Coordinator of Administration

3/6/14
Date

Pupil Agreement

While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times. I understand that the school's code of conduct is in effect at all times.

Signature of Student

Date

Parent Permission

I give permission for \_\_\_\_\_ to participate in the field trip(s) described above. I understand that neither the Governor's School nor their sponsors accept responsibility for any unforeseen injuries or accidents that my child receives while on the field trip. In the case of injury, I give my permission for \_\_\_\_\_ to seek appropriate medical treatment, if I cannot be reached. I understand that this is a school sponsored trip and the student code of conduct applies at all times. By signing this form, you acknowledge that you have reviewed the attachment and have carefully considered the particular risks or hazards, including any related to water activities, if any, and associated with your child's participation in the activity.

Signature of Parent/Guardian

Date

[ ] My student may participate in the field trip, but NOT the water related activities.

Tel. No.: Emergency No.: Medical Concerns/Allergies:

Physician's Name: Physician's Tel. No.:

Insurance Company: Policy No.: