

Warren Central High School/Walker Career Center
CLASS RELEASE FORM

Today's Date: _____

Name of Student _____

Grade Level 9 10 11 12

On _____ From _____
(Day) (Date) (Times) (Periods)

The following activity has been scheduled: (Describe the purpose of the activity, the educational benefits to be gained, what and where the activity is located, who is attending)

I. Activity: _____

Signatures: _____
Sponsor Department Chair Rich Shepler, Principal

TEACHERS: Return this form and the Field Trip Approval form to the Principal's Secretary. After she obtains the Principal and Mrs. Campbell's approval, she will return this form to the sponsor, who should at that time **duplicate and distribute to students 10 days prior to the scheduled activity.**

II. **Student:** I plan to attend the activity described above, and understand I am responsible for visiting with each of my teachers whose classes I will miss. I agree to either complete beforehand or make up all work missed as a result of this activity. Section III and IV will be completed by me with my teachers and parents and I will **return this form to the sponsor at least 5 days in advance** of the planned activity.

Signature of Student Date Form Should be Returned by Student

III. **Teachers:** Please initial and record on your attendance card that you are aware of this planned activity. This form does not necessitate your approval; however, appropriate comments should be indicated so parents are aware of your thoughts.

<u>Period</u>	<u>Subjects Missed</u>	<u>Teacher Signature</u>	<u>Teacher Comments</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____

IV. **Parents:** After carefully considering the benefits of this activity and noting the above teacher comments, I give my permission for my son/daughter to attend.

Required Signature of Parent or Guardian Date

*****REQUIRED FOR YOUR CHILD TO PARTICIPATE:**

Emergency contact on date of field trip: Name/relationship _____ **Phone #** _____

Pertinent Medical information in case of emergency: (allergies, chronic conditions, etc.)

NOTE: Sponsors must make a copy of the forms to take on the trip, then present the originals in alphabetical order to Student Services "A" Secretary 5 days prior to the scheduled trip.