

# *Richmond-Burton Community High School*

DISTRICT NO. 157



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Dr. Thomas Lind  
Superintendent

Dr. Patrick Enright  
Assistant Superintendent of Curriculum

Mr. Mike Baird  
Principal

Mr. Chris Nolen  
Associate Principal

## **FIELD TRIPS AND EXCURSIONS**

**(Student-Parent Form)**

FIELD TRIP \_\_\_\_\_

DATE \_\_\_\_\_

### **PUPIL AGREEMENT**

While participating in this field trip experience, I will accept the responsibility for maintaining good conduct, appearance, and I will follow directions at all times.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

### **PARENT PERMISSION**

I give permission for my child to participate in this field trip. I understand that the school will provide supervision for the trip. The School Board provides no special insurance. However, the school-time accident insurance taken by many pupils and the standard liability insurance on school buses will apply to the activity.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature