SHARON COMMUNITY SCHOOL FIELD TRIP PERMISSION FORM

			Grade(s): # of Students: (Attach class ro		
					· · · · · · · · · · · · · · · · · · ·
Time Leaving:			Expected time of return:		
Is a bus needed: Yes No			Number of Chaperones:		
Cost of Trip:		Fund	ling:S	Students - Hov	w much per student:
(Submit invoice to the office)			TPA - How much:		
Will there be a change in the school schedule: Yes No If yes, describe change and attach new schedule to this form:					
Educational v		· ·		·	ilding for lunch.
Field Trip Requested By:			Date:		
 Give cop Contact to add that Signed pothe Offic Include "CAN BE Contact to be taken Take a F Voluntee Bus arra 	the Office wit option to the ermission slip e at the conclu IN CASE OF REACHED A the Nurse to d or administer irst Aid Kit a	on slip to Offi h the price pe form. s from paren usion of the fi AN EMERO AT: letermine if a red. nd Emergence st have a sign	ce prior to ser student sets must be a seld trip. GENCY ON my medication of the property of th	that the fee received prio THE DATE ." on permis ion(s)/inhale ion with you d copy of dri	r(s)/EpiPen(s) may need to
Office Use: Administrator/Principal Signature:					Date:
		proval:			
	Ashley Bu Laura Lon Signed cop	g			

Bus Driver ____