## Virginia Beach City Public Schools Field Trip Permission Form

## TO BE COMPLETED BY THE SCHOOL

School Name:		Date of Trip:
Requesting Teacher(s), Organization:		Grade:
Time of Departure:		Time of Return:
Destination(s):		
Cost of Field Trip per Student:		_
Purpose of Trip:		
Repeated Field Trips (Explain):		
Additional Information:		
Supervision (Check one):		
Students will be directly superv Students will be directly superv		the following exception(s):
Students will be directly superv	vised by addits on this trip with	i the following exception(s).
· -	e is insufficient, attach itinerary with e	explanation regarding supervision.)
Transportation (Check all which apply): Walking	School Bus	Commercial Carrier Private Vehicle
None (provide own)		School Board Vehicle
Driver of Private or Leased Vehicles ( Student Parent	Check all which apply): Teacher/Staff Memb	ber Other Adult
	APPROVAL OF PRINCIPA	4L
		Date
Signature of Principal		
TO BE COM	IPLETED BY STUDENT/PAR	RENT/GUARDIAN
While participating in this field trip, I will accept	PUPIL AGREEMENT responsibility for maintaining good con	nduct and appearance, and I will follow the Student Code of Conduc
Date		Signature of Student
	PARENT/GUARDIAN PERMIS	SSION
I give permission for	to partici	ipate in the field trip(s) described above.
Date		Signature of Parent/Guardian
Emergency Contact Name:		Number:
Paid Online		