

FIELD TRIP AUTHORIZATION FORM 2011-2012

I/ We, the undersigned, hereby grant permission for my child

(Full Name)

(Student Number)

To travel on a JP Taravella High School sponsored trip. In addition, I approve emergency treatment by the hospital and/ or physician for my child. I agree to assume financial responsibility for bills incurred. I also have reviewed with my child that it is his responsibility to have all class work made up the day he returns to class, and be prepared for that day's work.

Destination **ON** or **OFF** campus GRAD BASH-UNIVERSAL STUDIOSORLANDO
(circle one of above) (specific location of field trip destination)

Departure Time 12:00pm FRIDAY, APRIL 20, 2012
(month) (day) (year)

Return Time 9:00am SATURDAY, APRIL 21, 2012
(month) (day) (year)

(Home Address)

(Home Phone) (Work Ph)

(Signature of Sponsor)

(Signature of Parent/ Guardian)

COST: \$145 (NON-REFUNDABLE)

Discipline Cleared:

(Mrs. Bristol)-to be signed at sale

Obligations Cleared:

(Mrs. Bristol)-to be signed at sale

Senior Dues Paid:

(Mrs. Ledbetter)-to be signed at sale

Request for seating:

We will ONLY guarantee that the following person plus the owner of this paper will be on the same bus together. YOU and YOUR FRIEND MUST PAY TOGETHER (have own paperwork), to assure that you are on the same bus.

1. _____

