

Block	Teacher's Initials
1A	
2A	
3A	
4A	

**Virginia Beach City Public Schools
Field Trip Permission Form**

TO BE COMPLETED BY THE SCHOOL

Block	Teacher's Initials
1B	X
2B	
3B	
4B	

School Name: Cox High School Date of Trip: 11/6/15
 Requesting Teacher(s), Organization: Milce Lane / Band Grade: 9-12
 Time of Departure: 6 AM Time of Return: _____
 Destination(s): Met Life Stadium - New Jersey

Cost of Field Trip per Student: \$ for food
 Purpose of Trip: to perform in the US Bands National Championship

Repeated Field Trips (Explain): _____
 Additional Information: _____

Supervision (Check one):
 Students will be directly supervised by adults on this trip.
 Students will be directly supervised by adults on this trip with the following exception(s): _____

(If space is insufficient, attach itinerary with explanation regarding supervision.)

Transportation (Check all which apply):
 Walking School Bus Commercial Carrier Private Vehicle
 None (provide own) Leased Vehicle School Board Vehicle White Activity Bus

Driver of Private or Leased Vehicles (Check all which apply):
 Student Parent Teacher/Staff Member Other Adult

10/26/15 APPROVAL OF PRINCIPAL
 Date Signature of Principal

TO BE COMPLETED BY STUDENT/PARENT/GUARDIAN
PUPIL AGREEMENT

While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow the *Student Code of Conduct*.

 Date Signature of Student

PARENT/GUARDIAN PERMISSION

(Payments made by check MUST have signer's legible DRIVER'S LICENSE number on the check)
 I give permission for _____ to participate in the field trip(s) described above. I understand that REFUNDS are not issued for field trips.

 Date Signature of Parent/Guardian Number: _____
 Emergency Contact Name: _____