

414 Fourth Avenue West, Hendersonville, NC 28739-4261

Dr. John M. Bryant, Superintendent

Board of Public Education
Blair Craven, Chairperson
Amy Lynn Holt, Vice Chairperson
Robert Bridges
Dot Case
Stacey Caskey
Jay Egolf
Kathy Revis

FIELD TRIP PERMISSION FORM

| School | | | |
|---|--|---|--------------|
| Activity | | | |
| Date | Departure Time | Return Time | |
| Destination | | | |
| Supervising Teache | r | | |
| scheduling of, field and to broaden stu planned, organized, are supervised by However, as in all si | trips outside the school setting be dent experiences beyond the cla and supervised with the student school staff, and transportation tuations, accidents may occur. With your child participate in this field | ognizes the value of, and encourages the oth to build upon the curriculum objective assroom. In that regard, all field trips are severally selfare first and foremost. All field trip is provided in safety-approved vehicles of the these things in mind, if you, as the parent trip, please read, sign and return the <i>Parent</i> | e e s. |
| | PARENT PERMISS | ION FORM | |
| Henderson County damage to person | Board of Public Education and and/or property that may result | and undertake to save and hold harmless the its employees from any and all claims for from activities conducted off campus and risk involved in any off-campus trip. | r |
| I hereby certify | my approval for | Student's Name | |
| I have read and und | erstand the above form. | | |
| Parent's Signature _ | | Date | |
| Student's Signature | | Date | |
| Contact Phone Num | nber | | |