

Name _____ of _____ Trip: _____
Date: _____

Student name: _____ will be attending the trip listed above on the date(s) listed above. S/He has been reminded that s/he is responsible for his/her work missed during that time but that, since this is a school-sponsored and approved activity, s/he should not be penalized for his/her participation.

Please sign below indicating that this student has made you aware of his/her participation and has discussed class expectations with you.

Please call the Ministry Programs at extension 5314 or 5359 if you have any questions. Thank you as always for your cooperation and assistance.

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STUDENT NAME: _____

PERIOD	SUBJECT	TEACHER
A		
B		
C		
D		
E		
F		
G		
H		

Student: Please return this form to Ministry Offices at least 48 hours before the scheduled trip.