

Transylvania County Schools

Brevard High School

Field Trip/Special Activities Permission Form

Activity _____

Objective(s) _____
 /Description _____
 of Activity _____

Location/Destination _____

Supervising Teacher _____

Date(s) _____

Principal/Principal's Designee _____

Time of Departure _____

Time of Return _____

The parent and student agree and undertake to save and hold harmless the Transylvania County Board of Education and its employees from any and all claims for damage to person and/or property that may result from activities conducted off campus unless the damage to person and/or property that may result from activities conducted off campus is brought about or caused by the negligence of the employees of the Transylvania County Board of Education.

I HEREBY CERTIFY MY APPROVAL FOR _____
(student's name)

Parent/Guardian Signature _____

Date _____

Student's Signature _____
 (if eighteen years of age or older)

Date _____

****Notification to the parent/guardian giving the objective(s) and description of the field trip/lesson(s) shall be included or attached to this permission form.**
****A student not participating in a field trip, special program, or lesson(s) shall be given another assignment at school. A student not returning the form shall not be allowed to participate. **NO PHONE CALL PERMISSIONS WILL BE ACCEPTED.****

Teacher Permission Form

Students must get teacher permission form signed before getting parent approval. The student is responsible for checking with each teacher one week prior to a school related absence to get assignments.

TEACHER SIGNATURE	YES	NO	<u>CHECK AREA OF DIFFICULTY</u>		
			Attendance	Academic	Work Not Made Up
First Block _____	_____	_____	_____	_____	_____
Second Block _____	_____	_____	_____	_____	_____
Third Block _____	_____	_____	_____	_____	_____
Fourth Block _____	_____	_____	_____	_____	_____