

Girls Game

ONHS: FIELD TRIP APPLICATION AND PERMISSION FORM



(PLEASE FILL OUT THE TOP HALF OF THE FORM AND RETURN TO THE OFFICE FOR APPROVAL)

GROUP TAKING THE TRIP ONHS Students

LOCATION OF FIELD TRIP WICHITA STATE UNIVERSITY
(BE SPECIFIC: PLACE/CITY/STATE)

MODE OF TRANSPORTATION BUS

FIELD TRIP ORIGATION ONHS

RATIONALE FOR MAKING THIS TRIP Student Section for State Basketball

TYPE OF FIELD TRIP: ACADEMIC ACTIVITY **ATHLETIC** CLUB

OF STUDENTS ATTENDING _____ DATE OF THE FIELD TRIP 3.7.19

WITHIN THE SCHOOL DAY _____ OUTSIDE THE SCHOOL DAY **X**

TIME OF DEPARTURE 3:15 PM ESTIMATED TIME OF RETURN 1:30 AM

REQUESTED BY JOSH PRICE _____
(ONHS SPONSOR) PRINT NAME SIGNATURE (DATE)

DEPT. APPROVAL _____
(ONHS DEPT CHAIR) PRINT NAME SIGNATURE (DATE)

ADMINISTRATION APPROVAL _____

TRANSPORTATION APPROVAL _____

PARENT APPROVAL

PARENT/GUARDIAN CONSENT IS NECESSARY IN ORDER FOR YOUR STUDENT TO PARTICIPATE IN THE ABOVE ACTIVITY. IN THE EVENT THAT IT IS NECESSARY TO ALTER SOME OF THE DETAILS OF THE ACTIVITY OUTLINED ABOVE, ADDITIONAL INFORMATION WILL BE PROVIDED. PLEASE MARK ONE OF THE BOXES LISTED BELOW AND SIGN WHERE INDICATED.

MY STUDENT MAY PARTICIPATE

MY STUDENT MAY NOT PARTICIPATE

STUDENT NAME (PRINT) _____ PARENT NAME (PRINT) _____

PARENT SIGNATURE _____ DATE _____