



STUDENT TRIP PERMISSION FORM

Name of Student: _____ Supervisor: _____

Date(s) of Trip: _____ Depart Time: _____ Return Time: _____

Place/Activity: _____ Please provide details of the trip and activities students will participate in or attach a letter to parents/guardians with the details of the trip. For overnight trips, include eating and sleeping arrangements:

Transportation (check one) Completion of 2320 F-4 required for all district and private vehicles below*

- District Bus/Tram/Trailer/Tractor/Truck/Trailer/Employee or Adult Volunteer Driver*
- Private Vehicle/Employee Driver* Private Vehicle/Adult Volunteer Driver*
- Public Transportation Private Carrier _____
- Walk Other _____

Medical Information: In the space below list special health problems we n