STUDENT NAME:		
Sch	Essex High School nool Trip Permission Form	
Dear Parent/Guardian and Student:		
I have planned a school sponsored field tr	rip on $1/31/19$ from $10:25$ to	<u>. 2:15</u> .
The purpose of the field trip is:	(Date) (Blocks or ti	mes)
Visit to UVM	(Dual Enrollment/STEM	programs)
from their classes. The signatures below requirements. Parent signature below als	school rules of conduct apply and students are responsible indicate parent and student understand behavior expects indicates permission for student to participate. Pleas to be aware of. Teacher signatures below acknowledges to be a ware of the conduction of the co	ctations and make up work e use the space provided below
Sincerely,		
Teacher Name/Contact Info State		
San	thony@ewsd.org jstapleton	@ewsd.org
Students participating in the above menti make up work per the teacher expectation	<u>Teacher Notification</u> ioned school trip are responsible for obtaining teacher s ns of classes missed. Split block teachers can acknowle	signatures and for submitting edge on the same line.
A-Day	· B-Day	
1/2	1/2	
3/4	3.74)	dismiss at
Advisory/Flex	Advisory/Flex	
5/6	(5/6)	
7/8	7/8	
Parent/Guardian Signature	Contact Info:	
Health Concerns (If Applicable)	Contact Info:	
Student Signature		