

# JOHN GLENN HIGH SCHOOL

## FIELD TRIP PERMISSION

I GIVE MY PERMISSION FOR \_\_\_\_\_ TO TAKE PART IN THIS SCHOOL SUPERVISED FIELD TRIP.

\_\_\_\_\_  
SPONSOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DESTINATION

\_\_\_\_\_  
PARENT'S SIGNATURE

I understand that I am responsible for contacting my teachers prior to leaving (day before) to discuss assignments and other responsibilities, and I understand that if I fail to do this, I will receive "0" credit for work missed.

\_\_\_\_\_  
STUDENT

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