BAY DISTRICT SCHOOLS STUDENT PERMISSION FOR SCHOOL SPONSORED TRIP

Name		Grade	School	
			Organization_	
Origination of Trip	Destination of Trip	Departure Date & Time	Return Date & Time	Method of Transportation: Circle the Correct One
1.		Date: Time:	Date: Time:	School Bus Commercial Bus Private Vehicle Rental Vehicle
2.		Date: Time:	Date: Time:	School Bus Commercial Bus Private Vehicle Rental Vehicle
3.		Date: Time:	Date: Time:	School Bus Commercial Bus Private Vehicle Rental Vehicle
4.		Date: Time:	Date: Time:	School Bus Commercial Bus Private Vehicle Rental Vehicle
5.		Date: Time:	Date: Time:	School Bus Commercial Bus Private Vehicle Rental Vehicle
6.		Date: Time:	Date: Time:	School Bus Commercial Bus Private Vehicle Rental Vehicle
member on the above tr permission, adequate su representatives, and cer	ips. I recognize that pa pervision will be provid tified volunteers harmles	rticipation in these trips led. I hereby agree to ho ss from any an all liabilit	is beneficial for my child. ld the Bay County School l	ccompany the activity group as a I understand that in giving my Board, its employees, agents,
I AGREE TO ABIDE BY THE REGULATIONS SET FORTH BY THE BAY COUNTY SCHOOL BOARD, AND THE CHAPERONES WHILE ON THIS TRIP			Signature of Parent/Guardian Date Signed:	
Signature of Student			*If a private vehicle is used please list the driver on the Back of this form.	
Date Signed:			STUDENTS ARE NOT ALLOWED TO DRIVE.	

EMS. 0996.027