

FIELD TRIP FORM



Student Name _____

Dear Parents:

Any student attending a field trip must return a signed parental consent form to the supervising teacher before the student will be permitted to participate in the activity. The following activity has been scheduled and we ask your consideration in permitting your child to participate.

Class/Club: *SparX FIRST Robotics Team 1126*

Teacher/Advisor: *Mrs. Milton, Mr. Schlegel, Mr. Schenk,*

Destination: *FIRST Kick Off –Kodak Theater*

Date of field trip: *Saturday January 03, 2015*

Departure time: *Arrive at Thomas at 8:30am. Wear Sparx or Red Shirt*

Return time: *Approximately 12:00 PM to Thomas*

Transportation provided: *by Parents*

Chaperone(s): *Mrs. Milton, Mr. Schlegel, Mr. Schenk,*

Student Name: _____ has my permission to attend the field trip described above.

Date

Parent/guardian signature

Emergency Contact Information:

Person to Contact: _____

Phone Number(s): _____

Student Section

I understand by attending this activity that I am representing myself, the SparX FIRST Robotics team, my school and Xerox. I agree to uphold the principle of "Gracious Professionalism" in my actions, speech and choice of clothing.

Student Signature