School District of Beloit CLASS EXCURSION PERMIT

SCHOOL:	DATE:	
TEACHER(S):		(permit submitted)
GRADE and/or SUBJECT:		
PURPOSE/EDUCATIONAL OBJECT		
CURRICULAR RELATIONSHIP:		
DESTINATION:		····
DATE OF TRIP:	TIME OF TRIP: _	
NUMBER OF PARTICIPANTS:	students	adults
SUBSTITUTES(S) NEEDED: Teacher(s) Requiring a Substitute:	Grade and/or Subject:	NO SEMS #
FINANCES INVOLVED (check all the Building Budget Student Contribution Parent Organization Other (specify):	(amount)	
TRANSPORTATION PLANNED:Bus	Walking	Other (specify):
 Please attach a copy of the p Permits should be submitted to should keep the original and so of Educational Services 7-1 All students participating mus Transportation is to be provided Volunteer Consent Form and 	send a copy (along with a copy of the 0 days in advance of the trip. st have parental permission to do so.	weeks in advance of the trip. Principals a parental permission letter) to the Office ployees, or individuals who have filed a crage.
	FOR CEI	NTRAL OFFICE USE ONLY
(Teacher's Signature and Date)	Approved	
(Principal's Signature and Date)	Signature	Date

PLEASE NOTE:

Each student MUST have the following to attend a Field Trip:

- 1. A Medical/Dental Consent Form
- 2. A Parent Permission Slip for each specific Trip