

**School District of Beloit – Beloit Memorial High School
CLASS EXCURSION PERMIT**

TEACHER(S): _____ DATE SUBMITTED: _____

SUBJECT or GROUP: _____ GRADE OF STUDENTS: _____

PURPOSE/EDUCATIONAL OBJECTIVES:

CURRICULAR RELATIONSHIP:

DESTINATION: _____

DATE OF TRIP: _____ TIME OF TRIP: _____ INTINERARY: _____

NUMBER OF PARTICIPANTS: STUDENTS: _____ ADULTS: _____

SUBSTITUTE NEEDED: YES: _____ (list below) NO: _____

Teacher(s) Requiring Sub:

Grade or Subject:

Time:

AM/PM

AM/PM

AM/PM

FINANCES INVOLVED (check all that apply):

____ Building Budget
____ Student Contribution \$ _____
____ Parent Organization
____ Other (specify): _____

Lunch Plan (Circle One): On their Own School Funded
Funding Source: _____

Entrance Fees (Circle One): On their Own School Funded
Funding Source: _____

TRANSPORTATION PLANNED: ____ BUS ____ Walking ____ Student Driver ____ Parent Driver

1. Please attach a copy of the **parental permission** associated with the trip.
2. A list of students attending **MUST** be attached with this form.
3. Permits should be submitted to the building principal at least **two weeks** in advance of trip. *Principals should keep the original and send copy (along with parent permission) to the Office of Teaching & Learning **7-10 days** in advance of trip.*
4. All students participating **MUST** have a **Parent Permission Slip** and a **Medical/Dental Consent Form** on file.
5. Transportation is to be provided by bonded carriers, by school employers, or individuals who have filed a **Volunteer Consent Form** and provided evidence of insurance coverage.
6. It is highly recommended that there be **one (1) adult participant per every ten (10) students**.

(Teacher's Signature and Date)

(Principal's Signature and Date)

FOR CENTRAL OFFICE USE ONLY

____ Approved ____ Not Approved

Signature

Date

PLEASE NOTE:

Each student **MUST** have a Medical/Dental Consent Form on file and a Parent Permission Slip for each specific trip