## West Linn-Wilsonville School District 3J Inza R. Wood Middle School Permission to Participate in Field Trip

Dear Parents and Guardians:	Date:
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Dear Paren	its and Guardians:	Date	
enjoyable a responsible	nas an opportunity to participate in the school-sponsored activity deand worthwhile experience for all, every student is expected to follow behavior on the trip. Please review the information below, provide ld may participate in this trip.	w safety guidelines and demonstrate	
1.	Student Name:		
2.	Parent/Guardian Name:		
3.	Parent/Guardian Daytime Phone Number:		
4.	Medication: Please advise if your child requires medication during Medication Name:Dosage:		
5.	Does the student need to bring a lunch? YES or NO Please check one:  The student will bring their own lunch.  The student needs a sack lunch from the cafeteria.  If the student needs a school sack lunch, please provide Student	ID #:	
6.	Cost Per Student: \$I would like to contribute extra funds to help other students participate in the field tripI would like to request a school scholarship so that my student may participate in the field trip.		
7.	We <b>DO NEED</b> or <b>DO NOT NEED</b> adult chaperones for this field trip. Cost per chaperone: \$   would like to help chaperone.  At this time, I am not able to help chaperone.		
8.	Return top portion of form and above amount to the teacher no later than:		
9.	Date of Field Trip: Departure Time	:Return Time:	
10.	. Destination of Field Trip:		
11.	. Class(es) Participating:		
12.	. Manner of Transportation:		
13.	. Teacher(s) in Charge:		
-	(Parent / Guardian Signature)	(Student Signature)	
********	Parent's copy - KEEP THIS PORTION FOR YOUR RECORDS		
1.	Date(s) of Field Trip:Departure Time:	ReturnTime:	
2.	Destination of Field Trip:		
3.	Teacher in Charge:		

4. Students need to bring a sack lunch or snack YES or NO (circle one)