

Ensuring All Individual Learners Reach Their Full Potential

## **Field Trip Permission Form**

Student Name and I.D. #: \_\_\_\_\_ School: \_\_\_\_\_

## Sponsor will file a copy of this permission form with the Principal's office at least 1 day before trip.

This permission form has been signed only after understanding and considering the following:

## 1. TRIP INFORMATION:

- a. Class that has arranged the trip:
- b. Date of the trip: \_\_\_\_\_
- Location/destination of the trip: C.
- Time leaving school: \_\_\_\_\_\_A.M. \_\_\_\_\_P.M. d.
- Time returning: \_\_\_\_\_A.M. \_\_\_\_P.M. Trip Supervisor(s): \_\_\_\_\_ e.
- f.
- Means of transportation: g.
- Fee: \$\_\_\_\_\_. (See below\*) h.
- 2. EXPECTATIONS AND INSTRUCTIONS: I understand that the student is expected and the student has been instructed by me:
  - To follow instructions given by the Trip Supervisor(s). a.
  - Not leave or separate from the group without appropriate authorization from the Trip Supervisor(s). b.
  - To follow all school rules during the trip and obey all laws and ordinances. C.
  - To conform to usual and customary standards of good citizenship, good decorum, and common courtesy. d.
  - Other expectations/instructions: e.

In the event that any of the above expectations or instructions are violated, the student's participation may be immediately terminated, a parent or guardian called to retrieve the student, and disciplinary action imposed.

- ACCOMMODATIONS: If the student is disabled or requires special accommodations, those accommodations are attached. 3.
- **PERTINENT MEDICAL INFORMATION:** Please advise of any medical condition the teacher may need to be aware of, i.e. allergies. 4. medications, etc.:

Please list the names of two parents and/or guardians that may be contacted.			
Parent/Guardian #1 - Name: _	Work Phone:	Cell Phone:	
Parent/Guardian #2 - Name: _	Work Phone:	Cell Phone:	

5. CONSENT FOR EMERGENCY MEDICAL TREATMENT: If any emergency procedures or treatment are required during the trip, I consent to the Trip Supervisor(s) taking, arranging for, and consenting to the procedures or treatment in the Supervisor's discretion.

Parent/Guardian's Signature:

Date:

\* Pursuant to Arizona Revised Statutes A.R.S. § 15-342(24), the Scottsdale School Governing Board has approved a fee for most extracurricular field trips. You may be eligible to receive a tax credit for payment of such fees under A.R.S. § 43-1089.01, which provides that taxpayers may receive a tax credit up to \$200 (single) or \$400 (married, filing jointly) for the payment of fees relating to optional extracurricular activities. Extracurricular activities means school-sponsored activities that may require enrolled students to pay a fee in order to participate, including fees for In-state or out-of-state trips that are solely for competitive events. Extracurricular activities do not include any senior trips or events that are recreational, amusement or tourist activities

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If you wish to claim this fee as a tax credit, please supply the school with the following information and a tax credit receipt will be issued for tax purposes:

Fee Amount: \$ Amount Paid: \$ Date Paid: Name of Taxpayer:

Yes I understand that Tax Credits are not refundable.

Because of the difficulty in keeping long-term records and the potential overlap of the tax year (calendar) and school year (fiscal), parents cannot prepay future field trips. In addition, because this is a tax credit purchase there can be no refunds of fees once a receipt has been issued. Any fees paid in addition to the school trip fee will be placed in the school's General Extracurricular Account.