

SCHOOL NAME MONTA VISTA HIGH SCHOOL

Destination _____ Initiating Instructor _____

Emergency Phone No. _____ Time Returning _____

Transportation: Plane Bus Ship Train School Car Private Vehicle Meet at Site

NOTE TO STUDENTS: All information at the top of this form must be filled out before you obtain Signatures

Period	Class	Comments	Teacher Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			

I hereby grant permission for (student's name) _____
to participate in the activity described above. I understand that neither the Fremont Union High School District nor any of its
employees will assume responsibility for injuries that might occur or for unanticipated costs associated with this activity.

(Date) (Signature of Parent or Guardian)

6153.3 INITIATING INSTRUCTOR MUST COLLECT COMPLETED TRIP PERMITS
(REV. 8/05) THREE (3) DAYS IN ADVANCE OF NOTIFYING STAFF OF THE LIST OF
EXCUSED STUDENTS.