

**International School of Shekou**

**Phone: 86-755-2667-6031**

**Field Trip Permission Slip**

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| *Teacher: Mr. Jason Montgomery* | *Date:* 25-10-2011 |

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| *Dear Parents,**I am requesting your permission for your son/daughter to be able to leave campus to conduct sampling labs at various sites in close proximity to school. We will be conducting several lab investigations over the course of the class, so this is a general permission slip that will be for all the labs that we conduct within walking distance of the secondary campus. Please fill free to contact me at:* jason-montgomery@shk.qsi.org |

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| *Date of trip* | There will be multiple trips taken over the course of the IB ESS & AP class  |
| *Time* | During Class and /or after school |
| *Location* | Locations in close proximity to QSI secondary campus |

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| *Cost* | None |
| *Transportation* | Walking or otherwise transportation will be arranged by the school |
| *Notes* | This is a general form that will be used for sampling labs at various locations around the school campus |

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| *Administrative Approval* | *Date* |

*Bus service is provided by a licensed carrier, equipped with seatbelts. Supervising teachers will monitor safe travel practices.*

*Students on field trips are subject to the rules established for and by the school, and will be supervised by the teaching staff.*

*Just as in our daily operations of school, in the event of illness or injury, a supervising teacher will contact the parent/guardian as soon as possible, and take appropriate action.*  ----------------------------------------------------------------------------------------------------------------------

Please detach this portion of the permission slip, sign, and return to your child’s supervising teacher.

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in this activity.

In case of an emergency, please contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (s) Phone Numbers

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 Parent Signature Date