



## Center for Arts & Technology - Pickering Campus

# STUDENT FIELD TRIP PERMISSION SLIP

All possible care and precaution will be taken to safeguard the student from accident or injury.

However, written consent of the parent/guardian is **REQUIRED** for **EACH** student.

If departure and arrival times of regularly scheduled transportation (buses) do not coincide with the "field trip" transportation, then the transportation **TO** and/or **FROM**, or **BOTH**, will be the sole responsibility of the **STUDENT** and/or the **PARENT/GUARDIAN**.

### I herby give permission for:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name - PLEASE PRINT

### to go on a supervised educational field trip to:

Company and/or Area to be Visited: Philadelphia Museum of Art

The Parkway \_\_\_\_\_ Philadelphia \_\_\_\_\_ PA \_\_\_\_\_ 19101  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Phone Number: (215) 763-8100

### in connection with studies in (CTE program or academic area):

Commercial Art

Date of Visitation
10/21/10

Time of Departure
8:05 AM

Return Time
2:00 PM

Cost to Student
\$15.00

**NOTE:** In the event of **ANY** misconduct by the student, it will be the sole responsibility of the student's PARENT/GUARDIAN to arrange, at their own expense, to pick-up the student at the location of the event and return them to their home.

Please list a phone number where you can be reached during the date/time listed above.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_