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**INSTRUCTIONAL FIELD TRIP PERMISSION FORM**

This form is used for recording a parent or guardian’s permission for their student to participate in an instructional field

trip and related travel using the specified transportation. Students must also complete the Student Conduct Pledge. This form must be on file with the student’s school before a student may participate in an instructional field trip.

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| **Student Conduct Pledge**  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am a student in **Nature’s Classroom- Water Adventure Camp** in **Benza/Bass** class.  Name of Student Name of School Teacher Name or Course Name  I pledge my compliance with the policies specified in the Hillsborough County Public School’s Student Handbook and to conduct myself on all field trips in such a manner as to bring honor to my school and myself. I understand it is a privilege to be included as a participant in field trip activities.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_  Student’s Signature Month Day Year |
| **Parent/Guardian Permission**  As parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I give permission for their participation in the  Name of Student & District Student Number  \_\_**Crystal Springs Preserve**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ instructional field trip on \_Choose an item.  Field Trip Name Month Day Year  The location of this field trip is: **Crystal Springs Preserve, 1609 Crystal Springs Rd, Crystal Springs, FL 33524**\_\_\_\_\_\_\_\_\_\_\_\_\_  Location Name and Address (Street, City, State, Zip Code)  Hillsborough County Public Schools requires that for every fifteen (15) students attending the field trip, there is one (1) chaperone. All non-district chaperones must complete a volunteer application and screening.  We anticipate having \_\_\_**2**\_\_\_\_ chaperones to supervise \_\_**20**\_\_\_\_\_ students.  Number Number  I understand that transportation for the trip will be provided by  A private automobile of a parent, teacher, and/or licensed student, none of which is under control of the  Hillsborough County Public Schools AND/OR  A regular school bus operated by Hillsborough County Public Schools AND/OR  A private bus under charter to Hillsborough County Public Schools AND/OR  Public transportation (HART) AND/OR  Walking  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_ (\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_  Parent Name (Please Print) Parent Signature Month Day Year Daytime / Cell Phone  A copy of this form must be submitted to the office 3 days prior to the field trip. |

**Distribution:** Principal, Teacher

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