EAST PENN SCHOOL DISTRICT FIELD TRIP PARENTAL PERMISSION AND LIABILITY RELEASE

PARENT/GUARDIANS ARE REQUIRED TO COMPLETE, SIGN, & RETURN DUPLICATE SECTIONS OF PAGE ONE

I understand the ari	rangements for takingEHS Drama Dept	on a field trip toState Th	eatre (Freddy Awards)			
	(Grade/Group/Organiza		estination)			
on _Thurs. 5/21 (Date)	We (parent/guardian and student) certify th	nat we have personally inspected	d the student's luggage,			
bags, belongings an	d other personal effects and that they contain	no weapons, drugs, alcohol or o	ther contraband.			
I hereby give permi	ssion for(Student name)	, Grade to go on the field trip. ame)				
I further consent to	allow emergency medical aid to be administer	ed to my child by a qualified per	rson if the need arises.			
Health-related infor	mation (serious allergy, chronic illness					
=	s. Jill Kuebler, Ms. Rita Cortez, the East Penn So arising from, or related to the student attendin		employees and agents from			
(Date)	(Parent/Guardian Signature)	(Phone-home)	(Phone-cell)			
section for your reco	ords and submit to Activities Department after EAST PENN SCH FIELD TRIP PARENTAL PERMISS	your trip has concluded OOL DISTRICT SION AND LIABILITY RE	LEASE			
PARENT/GU	JARDIANS ARE REQUIRED TO COMPLETE, S	SIGN, & RETURN DUPLICATE S	ECTIONS OF PAGE ONE			
I understand the ar	rangements for taking EHS Drama Dept. on a fic (Grade/Group/Organiza		Awards) estination)			
(Date)	(parent/guardian and student) certify that we					
bags, belongings an	a other personal effects and that they contain	no weapons, drugs, alconol or o	tner contraband.			
I hereby give permi	(Student name)	, Grade to go on t	he field trip.			
I further consent to	allow emergency medical aid to be administer	ed to my child by a qualified per	rson if the need arises.			
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(Date)	(Parent/Guardian Signature)	(Phone-home)	(Phone-cell)			

FIELD TRIP INFORMATION

FOR PARENT/GUARDIAN – PLEASE KEEP THIS PAGE FOR YOUR RECORDS

Grade/Group/Organization	ion EHS Drama Dept. Date of Trip: Thurs. 5/21
Destination: State The	neatre (Freddy Awards) Type of Transportation: STA bus
Meeting Time: 4:00	Meeting Location: EHS Aud. lobby Time of Departure: 4:05
Approximate Return Tim	ne: 11:00 PM Pickup Location: EHS Aud. lot
Cost to Student:	\$20 Money & Permission Slips Due By: perm form by Wed. 5/13; \$ by Fri. 5/15
*Make	Checks Payable to:EHS
Meals will be Provided:	Must Pack Lunch: Will Eat On Route, Student Should Provide Money:
Additional Information:	
Teacher/Advisor Names:	: Jill Kuebler; Rita Cortez

Field Trip Description: Students will attend the Freddy Awards at the State Theatre in Easton

EHS ACTIVITY ROSTER

*Please return this form to the Activities Office electronically so each trip roster may be sent to all EHS faculty. This form is available on the intranet or may be obtained electronically from the Activities Office.

Name of	f Group		
Date of	Event		
Time to	be Excused		
Meeting	g Place:		
Anticipa	ated time of Return:		
Advisor	in Charge		<u>—</u>
Student	s WILL	WILL NOT	attend Home Room.
*_ BULLE		- valid throughout	t entire school year. Advisor will announce exact time for dismissal on DAILY
*	_Temporary – valid oi	nly for dates indic	rated.
*	REVISION – Discard	l previous roster.	

GRADE 9	ID#	GRADE 10	ID#	GRADE 11	ID#	GRADE 12	ID#



2014-2015 FIELD TRIP REQUEST FORM

EAST PENN SCHOOL DISTRICT

Some general guidelines:

- Bus capacity is 77 passengers, sitting 3 to a seat. For trips, a good guideline is 1 bus for every 52 passengers, or 2 people per seat. Younger age groups may be able to accommodate 3 people per seat. Smaller capacity vehicles are available upon request, including wheelchair units.
- For trips during the day, the hours should be from 9:00 am to 2:00 pm. STA will make every attempt to accommodate all requests.

DATE 67.755	F.C.T.				10			
DATE OF REQUEST:			BUILDI	BUILDING:				
CONTACT PERS	ON:			CONTA	CT PHONE:			
GROUP:								
REASON FOR TE	RIP:							
DESTINATION/A	ADDRESS:							
DATE OF TRIP:				RAIN D	ATE (IF NEEDED):			
NUMBER OF STUDENTS:					R OF ADULTS:	ADULTS:		
DEPARTURE TIME								
DEPARTURE LO	CATION:							
RETURN TIME (BACK TO EPSD B	UILDING):						
TYPE & NUMBE	R OF VEHILCES F	REQUESTED:						
	77 PSG BUS		29 PSG BUS	W/C UI	NIT		9 PSG VAN	
ARE MEDICAL A	ACCOMODATION	IS REQUIRED?						
HAS NURSE REF	-N CONTACTED I	REGARDING M	1EDICAL ACCOMO	DATIONS?				
				TION REQUIRED ANI	PLAN TO ACCOM	MODATE:		
SPONSOR SIGN	ATLIDE.							
	ATURE:							
ESTIMATED COS			TRIP	FINANCING:				
		TRIP		FINANCING:	IT #:			
MINIMUM COS	ST OF TRIP:		DIST		T #:			
MINIMUM COS	ST OF TRIP: T IS \$85.50 PER		DIST		IT #:			
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MINIMUM COS	ST OF TRIP: T IS \$85.50 PER [*] UR, TO AND FRO # OF BUSES	OM THE TERMI	DIST NAL	RICT FUND ACCOUN				
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\$38.00 PER HOU	ST OF TRIP: T IS \$85.50 PER UR, TO AND FRO # OF BUSES ESTIMATED HO PER HOUR RA TOTAL ESTIMA	OM THE TERMI OURS (add 1 h TE ATED COST dents on a trip	DIST NAL our for pre/post t *trips are bill ofrom 9 am to 2 g	RICT FUND ACCOUN	om terminal) in 15 minutes incre nour for pre/post tr			