

OFF-CAMPUS PERMISSION FORM
WHITEFISH CHRISTIAN ACADEMY
820 ASHAR AVENUE, WHITEFISH, MT 59937, (406) 862-5875

Student's Name: _____ Grade: _____ is invited to participate in
the following event:

Activity: _____ Date of Trip: _____

Objective of Activity: _____

Teacher in Charge: _____ Grade(s) Attending: _____

Special Safety Issues: _____

Special Rules for Students to Follow: _____

Special Items Needed: _____

Departure Time: _____ Approximate Return Time: _____

Means of Travel: _____ Cost of Trip: _____

Food/Lunch: _____

Other Information: _____

Parents may choose for their child to not participate in a particular field trip. If this should be the case, the student will not be academically penalized for non-participation, but he/she is not excused from school during the time of the field trip unless of preschool or kindergarten age. An alternative assignment and/or supervised study time will be provided for students in grade 1-8.

Please keep page 1 for your information.

Continued on page 2 →

Please return this page to teacher.

Special Needs/Parents Wishes: If your student has allergies or other medical or special needs, please write them out, sign them, attach them to this sheet, and initial below. Please understand that such special needs may prevent a student from participating in some events. Also, if you do not wish for your student to participate in a particular aspect of this trip, please attach a statement to that effect and initial below.

Special student information attached. Please initial here: _____
If you initialed this space, please also communicate your wishes to your child. Thank you!

At the beginning of the school year, you filled out a Special Permission Slip and Registration Card that had your emergency contact names, phone numbers, doctor's name, insurance information, etc. Is this card up to date? YES NO If not, please provide any new information.

Permission to participate is given in accordance with all materials signed upon enrollment and on file at the school office. Attendance for this outing is a privilege that may be revoked if the student is not prepared for the outing or does not comply with the school handbook or supplementary policies. Parents are expected to make travel arrangements and pay for the expenses if a student needs to be returned to school for disciplinary or health reasons from an out-of-town location.

PARENTAL PERMISSION FOR PARTICIPATION

I have carefully read all of the attached information and understand the terms.

_____ (Initial) I give permission for my/our son/daughter _____ (name) to participate on _____ (date) and agree to the terms for this off-campus activity to _____ (place).

_____ (Initial) I do not wish for my child to participate. Please make other arrangements for him/her. (Only preschool and kindergarten children may stay home).

Parent Signature

Date

Printed Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Home Address: _____

NOTICE: Please sign and return this form no later than _____
Please note that we cannot accept handwritten notes, phone calls, or other substitutions in lieu of this form. Students who do not return a form with their name filled in and their parents' signatures will not be permitted to attend.