

**COMVIACK HIGH SCHOOL
FIELD TRIP FORM**

Day!

1. Student fills in heading.
2. Sponsoring teacher signs when heading is properly completed.
3. Subject teachers sign.
4. Parent signs.
5. Complete the reverse side where applicable.
6. Forms must be returned to the sponsoring teacher by the Wednesday of the week prior to the trip.

Name of Student	Homeroom	Newsday MB Rehearsal
<i>4-9</i>	<i>10/16/19</i>	Purpose of Trip
Periods Involved	Date of Trip	<i>CHS Football Field</i>
	Day 1 2 3 4 5 6	Location
	Circle Day(s)	<i>Dr. Frank Hansen</i>
		Name of Sponsoring Teacher (Print)

NOTE: SPONSORING TEACHER IS TO SUBMIT A LIST OF STUDENTS APPROVED FOR THE TRIP TO THE ATTENDANCE OFFICE THE AFTERNOON BEFORE THE TRIP.

Period	Subject	Teacher	Approved	Not Approved	Comments
1	P S A T				
2					
3					
HR					
4					
5					
6					
7					
8					
9					

PARENTAL APPROVAL

My son/daughter _____ has my permission to take part in _____.
I understand that this will result in loss of classroom instruction and that it is the responsibility of my child to make up the work that is missed.

My child does does not have a medical issue. Please explain. _____

If yes, please provide emergency contact name and phone number: _____

Parent Signature: _____ Date: _____

**COMBACK HIGH SCHOOL
FIELD TRIP FORM**

Evening!

1. Student fills in heading.
2. Sponsoring teacher signs when heading is properly completed.
3. Subject teachers sign.
4. Parent signs.
5. Complete the reverse side where applicable.
6. Forms must be returned to the sponsoring teacher by the Wednesday of the week prior to the trip.

Name of Student	Homeroom	Newsday MB Festival
2:30 - 11:00 p.m.		Purpose of Trip
10/16/19	Day 1 2 3 4 5 6	Mitchell Field, Uniondale, N.Y.
Periods Involved	Circle Day(s)	Location
Evening Performance		Dr. Frank Hawser
		Name of Sponsoring Teacher (Print)

NOTE: SPONSORING TEACHER IS TO SUBMIT A LIST OF STUDENTS APPROVED FOR THE TRIP TO THE ATTENDANCE OFFICE THE AFTERNOON BEFORE THE TRIP.

Period	Subject	Teacher	Approved	Not Approved	Comments
1					
2					
3					
HR					
4					
5					
6					
7					
8					
9					

Evening Performance 2:30 p.m. — 11:00 p.m.

PARENTAL APPROVAL

My son/daughter _____ has my permission to take part in _____.
I understand that this will result in loss of classroom instruction and that it is the responsibility of my child to make up the work that is missed.

My child does does not have a medical issue. Please explain. _____

If yes, please provide emergency contact name and phone number: _____

Parent Signature: _____ Date: _____