



ÉCOLE SECONDAIRE
HANDSWORTH
 SECONDARY SCHOOL



FIELD TRIP NOTIFICATION FORM

Student Name: _____

Grade: _____

Field Trip Destination: _____

Mode of Transportation: _____

Date(s): _____

Time: _____

Sponsor Teacher: _____

Reason/Course: _____

LIST CLASSES YOU WILL BE MISSING DURING THIS FIELD TRIP

COURSE	TEACHER
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TEACHER'S SIGNATURE	COMMENT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand that completion of any missed assignments is my responsibility. Student Signature: _____

Having read the completed information above, I give my son/daughter permission to attend this field trip and realize any missed assignment is his/her responsibility. Parent Signature: _____

It is the responsibility of the student to have this form completed three days in advance for one-day or partial-day trips and one week in advance for field trips of two or more days. The completed form must be returned to the sponsor teacher prior to the commencement of the field trip.