KINGSTON CITY SCHOOL DISTRICT

FIELD TRIP INFORMATION FOR PARENTS/GUARDIANS

PLEASE KEEP THIS PAGE FOR YOUR INFORMATION.

Details:

Classes participating: _____

Destination: _____   Phone number: _____

City/Town: _____

Date of Trip: _____   Make-up date: _____

Departure time: _____   Departure location: _____

Return time (arrival at return location): _____   Return location: _____

Type of Transportation: Bus _____   Walking _____   Other _____

Cost: _____

Purpose of trip:

_____

_____

Students will need to bring:

_____ Bag lunch (no glass bottles permitted)

_____ Special clothing and/or equipment

_____

_____

_____ Other

_____

_____

Complete and return the attached permission slip and money (if applicable) by _____.
If your child cannot attend due to financial reasons, please notify his/her classroom teacher and we will try to help.

ONLY ENROLLED STUDENTS MAY PARTICIPATE IN FIELD TRIPS.
NO SIBLINGS ARE ALLOWED.

Revised: 8/2020

KINGSTON CITY SCHOOL DISTRICT

FIELD TRIP PERMISSION SLIP

RETURN THIS PERMISSION SLIP TO THE TEACHER BY _____
<div align="right">Date</div>

Student: _____   **Teacher:** _____

Grade: _____

As parent/guardian of the above named student, I give permission for him/her to attend the

_____ School field trip to _____ on

_____. My signature indicates that I have discussed the District Code of Conduct with

my child and understand that this Code of Conduct also applies to all field trips. I confirm that updated

health records are on file at the medical office at the school. Permission is also granted to the supervising

teacher to seek and obtain emergency medical assistance and services for my child, if required, and I am not

available.

Health concerns to be aware of, such as allergies, asthma, etc. (Please indicate any medications):

_____

_____

_____

Emergency names and phone numbers for this date:

Parent/Guardian: _____   Relation: _____   Phone: _____

Parent/Guardian: _____   Relation: _____   Phone: _____

Other emergency contact: _____   Relation: _____   Phone: _____

Other emergency contact: _____   Relation: _____   Phone: _____

Please complete the following for out-of-country field trips only:
By checking this box, I acknowledge and am aware of the following district policy:
Parents/Guardians of students who are permitted to attend field trips outside of the country shall assume all responsibility and liability and shall indemnify and hold harmless the Kingston City School District, its officers, employees and agents, from and against any claim, suit, demand, action, judgment, cost, expense and liability, including the costs of defense of any such claim, including reasonable attorney's fees, which may arise or result, directly or indirectly, from any emergency resulting in the inability to attend such trip or a trip cancellation.

_____   _____

<div align="center">Signature of parent/guardian</div>   Date

Revised 8/2020

KINGSTON CITY SCHOOL DISTRICT

<u>FIELD TRIP CHAPERONES</u>

School: _____

We will require additional chaperones for our field trip to _____ on _____. If you are interested in chaperoning, please return this page with your child's permission slip.

~District practice only permits legal guardians of a children attending the field trip as eligible chaperones.
~Chaperones must be approved as a volunteer (policy #1250) in advance of the field trip.
~District policy supports only enrolled students participating in field trips. No siblings are allowed.

_____ We are able to accommodate all chaperones. The cost for chaperones will be $_____. Please send payment with this form. Cash or check payable to: _____.

_____ We are limited to the number of chaperones on this trip. The cost for chaperones will be $_____. If you are interested in chaperoning, please return this form with payment. If we are not able to bring all interested parents, your money will be refunded to you. Parents who have not chaperoned trips this year will have first priority.

_____ We are limited to the number of chaperones on this trip. The cost for chaperones will be $_____. If you are interested in chaperoning, please return this form. No payment is necessary at this time. If we are able to accommodate your request, you will be notified and payment can be made at that time. Parents who have not chaperoned trips this year will have first priority.

_____ Thank you for your interest in chaperoning this trip, no additional chaperones are needed.

_____   _____
            Signature of parent/guardian   Date

Student name: _____   Teacher: _____