

ARLINGTON INDEPENDENT SCHOOL DISTRICT

Permission To Travel

TO: Parents/Legal Guardian of: _____
Student

I give my permission for the above student of the Arlington Independent School District to attend the following district approved trip:

Description of Trip: _____

Date of Trip: _____

Sponsor: _____

Means of Transportation: _____

The local board policies governing student conduct and discipline are applicable to students on all district approved trips and the behavior of all participating students is expected to conform to the standards set forth in such policies. All violations of such code of conduct by any student shall be reported to the principal.

Signature of Parent/Guardian

Persons to Contact in Case of Emergency:

1. _____
Name Telephone Number

2. _____
Name Telephone Number

A-071-96
*** (For Out-of-District travel, form ~~A-071-88~~ is also required) ***