



CENTRAL KITSAP SCHOOL DISTRICT NO. 401

Silverdale, Washington 98383

STUDENT FIELD TRIP FORM

PARENT INFORMATION SECTION: Please read this information. Secondary students are required to hand carry this form to obtain signatures. After completion, this top portion of the form may be kept for your records.

Dear Parent(s):

The class/student organization of which your student is a member is planning a field trip to:

Marine Science Center 18743 Front St Poulsbo, WA 98370 (360)598-4460
Place Address Phone Number

as part of the regular school program. We will leave from Cougar Valley about 9:15 a.m.
on Friday, Dec 11 and will be back at the school at approximately 2:30 p.m. on Friday, Dec 11
Date Time Date

Your student needs to bring the following items:

A bag lunch (or one provided by the school if requested), a coat for the weather, close-toed shoes

Transportation: (check one) Driver (check one)
School Bus [X] Private Auto [] District [X] Charter []
School Auto [] Charter Vehicle [] Parent []

Purpose of Field Trip:

Related Essential Learnings, Curriculum Area, and Student Outcomes of the Trip:

Science content, problem solving skills, and analyzing data

Teacher Signature and Date

<<<<<<======(detach here)=====>>>>>>

APPROVAL SECTION: Please read, complete, and sign where designated. This part of the form must be returned to the teacher/advisor after completion. The student should keep in mind that absence from a class may impact the grade for that class.

I give permission for _____ to take a field trip to Poulsbo Marine Science Center
on Friday, Dec 11 with transportation arrangements as specified below:

Transportation: (check one) Driver (check one)
School Bus [X] Private Auto [] District [X] Charter []
School Auto [] Charter Bus [] Parent []

Teacher Signatures: (Jr. High & High School only)

1st _____ 3rd _____ 5th _____
2nd _____ 4th _____ 6th _____

X _____
Parent/Guardian Signature and Date

** Please Read, Sign, and Date BOTH SIDES of this document **
PLEASE SIGN AND RETURN BOTTOM PORTION OF THIS FORM TO THE
TEACHER/ADVISOR



CODE OF CONDUCT: I understand that all school and District policies are in effect on trips, such as:

1. No consumption or possession of illegal substances (alcohol, drugs, paraphernalia).
2. Show courtesy and respect toward others at all times.
3. No gambling.
4. No use of tobacco.
5. All rules, including schedules and curfew, will be strictly adhered to.
6. Individually suspected students may be detained by the advisor regarding suspected violations of established rules if there are reasonable grounds for taking such action.

DISCIPLINARY ACTION: I understand that the following are examples of disciplinary actions that may be taken in the event that the Code of Conduct and school or District policies are not followed:

1. Sent home immediately at his/her own expense. In addition, students found in violation of School District Policy No. 2320 regarding, but not limited to, use/possession of illegal substances (alcohol, drugs, paraphernalia) shall be subject to expulsion, suspension, or discipline, which could result in loss of credits, denial of a diploma, or removal from school activities such as, but not limited to, commencement, trips, etc.
2. Placed in the care of a chaperone.
3. Confined to a specified area.
4. Referred to school administration.

<<<<<===== (detach here) =====>>>>>

YES__ **NO**__ Will student be taking medication (prescription or over-the-counter) during this field trip? If **yes**, the *Order for Medication* and *Medical Information* forms **MUST** be completed and attached (per Board Policy 3416).

MEDICAL RELEASE: My signature below authorizes the teacher/advisor of the group to secure proper medical attention and/or hospitalization of my son/daughter in the event of a medical emergency. I expect every effort will be made to contact me prior to such action and, if this is not possible, I will be notified as soon as possible. (In the event of an emergency or if a student is injured, the following individuals should be contacted: parents, building administrator, and appropriate medical personnel.)

Student Name: _____ Address: _____

Person to call if injured: _____ Phone: _____

Alternate person to call: _____ Phone: _____

Private doctor: _____ Phone: _____

Medicine in use: _____ Medicine allergic to: _____

Insurance company name: _____ Policy number: _____

SIGNATURES:

In addition to the medical release, my/our signatures below indicate that we have read and agree to comply with all of the above while on the trip.

Student Signature: X _____ **Parent/Guardian Signature: X** _____

**** Please Read, Sign, and Date BOTH SIDES of this document ****

PLEASE SIGN AND RETURN BOTTOM PORTION OF THIS FORM TO THE TEACHER/ADVISOR