



# Burlington High School

## School Activity Participation Notification Form

(Field Trip Form)

Return Form by **Thursday, March 6, 2025 at 3:30pm** to **Ms. Stein** in Room **209a**

Student Name \_\_\_\_\_ Student Cell \_\_\_\_\_

Trip Destination **VSAC College & Career Pathways at SMC** Date **03/20/2025** Cost **\$0**

Relation to Curriculum: College & Career Exploration

Mode of Transportation **bus** Departure Time **8:30 am** Return Time **2:30pm**

**Directions to Students** *It is your responsibility to fill out the form from here down.* Once completed, bring the form to the point person of the activity who will then inform the Attendance Office of your absence from school.

	Parent/Guardian First Contact	Parent/Guardian Second Contact
Name		
Cell Phone		
Landline		

I have spoken to all of my teachers (listed below) about the work I will miss while participating in this activity. I have made arrangements with these teachers relative to make-up work.

Block	Teacher Signature	Block	Teacher Signature
Blue 1		White 1	
Blue 2		White 2	
Blue 3		White 3	
Blue 4		White 4	

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The Burlington School District and its employees will exercise reasonable judgment and care in the planning and operation of the trip and/or program. I understand and agree that neither the School District nor its employees will be liable for injuries resulting from accidents or unanticipated occurrences beyond their control. I also understand and accept that volunteers, including other parents, as well as other members of the community may assist in operating this trip or program.

In case of accident or illness, I request the school to contact me. If not able to reach me, I hereby authorize the school personnel to seek emergency medical care, and if the child needs to be taken to the emergency room, I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.

I have read the above form and my signature below demonstrates that I have provided my consent for my child/ward to participate in the trip/program under the terms described above.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_