

Individual Field Trip Authorization Form

TO BE COMPLETED BY THE STUDENT AND THE STUDENT'S PARENT/LEGAL GUARDIAN A MINIMUM OF FOUR (4) WEEKS (20 SCHOOL DAYS) PRIOR TO DEPARTURE DATE

Student Legal Name:	Student ID:		
Last	First M.I.	10 0	digit state ID
School:		Gra	de:
** <u>IMPORTANT NOTE:</u> If r	multiple trips, attach a schedule**		
Trip/Event Name:			
Trip/Event Location: (city/state/country)			
Trip/Event Date(s): (mm/dd/yy)			
Departure Date: (mm/dd/yy)		□ A.M.	□ P.M.
Return Date: (mm/dd/yy)		□ A.M.	☐ P.M.
Alabama Career and College Readiness Standard(s) Add Student and parent/guardian are responsible for determining of HCS personnel (e.g., teacher, coach, faculty sponsor) may be con-	applicable Alabama College and Career Rea	ady Standard. A	ppropriate
PLEASE NOTE: This student trip/activity is NOT sponsored by H participate in the trip/activity and assumes responsibility for st this document, the parent/guardian and the student assume restandard(s) referenced above were addressed by the participatinformation regarding missed course work and to complete/su	tudent supervision, transportation and cost esponsibility for providing appropriate docu tion of the student. It will be the responsibi	of the activity. Imentation that	By signing the
Student Name: (please print)			
Student Signature:		Date:	
Parent/Legal Guardian Name: (please print)			
_			
Parent Email: (for copy of completed form)			
TO BE COMPLETED	BY HCS PERSONNEL ONLY		
The following criteria have been reviewed and verified:			
Student is in good academic standing.		\square YES	\square NO
Student meets HCS conduct expectations.		☐ YES	\square NO
Student has regular school attendance.		☐ YES	\square NO
Documentation for how the activity supports achiev	ement of Alabama College and Career		
Ready Standards has been provided.		☐ YES	⊔ NO
Student's situation has been documented as a "spec		☐ YES	□ NO
The school administration approves of the activity as it supports as a school sponsored attending school activities will be followed.		-	-
SIGNATURES:			
Principal:		Date:	
Director of Athletics & Extracurricular Activities:	_	Date:	
Director of Instruction: (only for academic activities)		Date:	
AT-P2-F1 Individual Field Trip Authorization Form	Dat	te of Revision: Jar	nuary 27, 2016