

GLYNN COUNTY SCHOOLS
FIELD TRIP OR SCHOOL-SPONSORED ACTIVITY PERMISSION FORM

To The Parent/Legal Guardian of _____

An educational field trip or school-sponsored activity has been planned for your child's participation as indicated below:

To: College of Coastal Georgia

Date: 10-15-21 Time: 8³⁰ - 10³⁰

Teacher: K. Hickson, A. Timmons, M. Pitchford

School: GICCA GA BHS

In order for a student to participate, we must have this form signed and dated by the parent/legal guardian and returned to the school.

I give my permission for my child to participate in this field trip or school-sponsored activity. I understand that the school will provide adult(s) to accompany the students on the trip. I acknowledge that no special insurance is provided by the Glynn County school system except student accident insurance which may be purchased by the student and standard liability insurance required by Georgia Law for school buses and commercial carriers. I authorize the school personnel supervising this trip to provide or obtain medical care for my child during this trip.

Date: _____

Parent's signature: _____

Parent's signature: _____

STUDENT AGREEMENT

While participating in this field trip or school-sponsored activity, I will accept my responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Date: _____

Student's signature: _____

We request a donation of \$ to cover admission and/or travel expenses.

NO STUDENT WILL BE DENIED PERMISSION TO ATTEND FOR FAILURE TO CONTRIBUTE.

F7/98

ISSUED: 04/96

LAST REVISED: 09/09/02

GLYNN COUNTY BOARD OF EDUCATION

**Brunswick High, Glynn Academy, GICCA SCHOOL
SCHOOL SPONSORED ACTIVITY PARTICIPATION FORM (SSA)**

_____, will not be in class on October 15 from 8:30 – 10:30
Student Name) (Date) (Time)

This student will be participating in Tour of College of Coastal Georgia by High School High Tech
(Activity) (Sponsor/Club)

This student should not be marked absent for the above dates. Prior to the activity, the student is responsible for informing all their teachers. The student is responsible for scheduling make-up work. The teacher will schedule the make-up either before or after the dates that the student will miss. The student will receive a zero for failure to make-up any work that is scheduled.

Block	Teacher Signature	Date for make-up work to be completed	Comments
1st	_____	_____	_____
2nd	_____	_____	_____
3RD	_____	_____	_____
4TH	_____	_____	_____

STUDENT SIGNATURE _____