



# DAY/EXTENDED WORK EXPERIENCE PERMISSION FORM (FIELDTRIP)

Student Name: \_\_\_\_\_ Home School: \_\_\_\_\_

Type of Work Experience:

CP  PreEmp  SpEd  Apprenticeship Program (specify): \_\_\_\_\_

Name & Location of Placement: \_\_\_\_\_

Date(s) of Placement: \_\_\_\_\_ Start & End Times of Placement: \_\_\_\_\_

Transportation: \_\_\_\_\_ Sponsor Teacher: \_\_\_\_\_

Block	Teacher Name (print)	Teacher Signature	Block	Teacher Name (print)	Teacher Signature

### Directions for Students:

It is important that all students understand that it is their **responsibility to complete ALL of the work missed in their classes by a date set by each teacher.**

- Fill in the above table with the applicable blocks & PRINT your teachers' names
- Take this form home & have your parents/guardians read & grant permission for you to go by signing the bottom part of this form.
- Each of your subject teachers **MUST** sign & be informed that you are going to miss class
- Return this form to your Sponsor Teacher at least **4 days** before you go on Work Experience

### Parents/Guardians:

I hereby request that my child \_\_\_\_\_ be permitted to participate in the above named Work Experience Activity.

I understand that it is the responsibility of my child to obtain & complete any assignments or work missed by his/her absence due to this Work Experience.

Is there any medical condition that the Sponsor Teacher should be aware of?  YES  NO

If YES, please describe: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsor Teacher's Signature